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MEDICAL

ETHICS AND ETIQUETTE.

THE CODE OF ETHICS ADOPTED BY THE AMERICAN MEDICAL ASSOCIATION,

WITH COMMENTARIES

BY

AUSTIN FLINT, M. D.

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PREFACE.

By the publication of the Code of Medical Ethics with brief commentaries, the writer of the latter carries out an intention formed many years ago. The publication at the present time, although perhaps appropriate on account of recent occurrences, is due to the fact that hitherto pressing engagements have led to its postponement. The writer had intended that the commentaries should appear without his name, thinking that to take upon himself the office of a commentator might be regarded as an immodest assumption. In not carrying out this intention he has yielded to the judgment of others. He ventures to hope that the volume may be of use by inciting physicians to uphold the code, and also by contributing in some measure to diffuse a popular knowledge of it.

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MEDICAL ETHICS AND ETIQUETTE.

INTRODUCTORY REMARKS.

The objects of this volume are to present to the reader our National Code of Medical Ethics—in other words, the code adopted by the American Medical Association, as also by the State and local societies throughout our country—to submit in connection therewith brief commentaries; and to state certain rules of professional etiquette.

A reader who has given to the subject little or no attention may be supposed to ask, "Wherefore the propriety of recognizing the principles of duty applied to medicine as constituting a distinct branch of ethical science?" "Are not the rules in ethics which would govern the practitioner of medicine the same as in other applications?" There are certain fundamental truths which, of course, underlie all possible applications of ethics; but the adaptation to different conditions of human life call for separate consideration. Political ethics and social ethics are recognized different branches of ethical science. Ethics as applied to the medical profession involves adaptations which require to be considered apart from the science as a whole. In various points of view, the practice of medicine,

when contrasted with other pursuits, is peculiar. The medical practitioner does not deal with facts and laws having the exactness of those pertaining to physics. In employing means for certain ends, he can not calculate results with mathematical precision. The problems of disease embrace many and varying elements, which can not always be estimated with absolute certainty. They offer a wide scope for the exercise of judgment in the practical applications of medical knowledge. It is by no means easy in all cases for the practitioner himself to judge correctly of the results of his practice; and, for those who are not versed in the study of disease, this is an impossibility; hence, he is often blamed undeservedly, and as often, perhaps, he receives praise not strictly his due. People can not form a true judgment of the merits of a physician by the character of his work, as can be done with reference to mechanical callings, and even the sister professions of law and theology. The choice of a family doctor is in many instances determined by other circumstances than those which pertain to scientific knowledge or skill, and, as a rule, the relations between the physician and his patients are not purely professional, but involve the ties of friendship, and often affection. In no other profession or calling are extrinsic means available for competition to the same extent as in the practice of medicine, and in no other pursuit are the opportunities so great for ungenerous or unscrupulous advantages. Under these circumstances it is not to be wondered at that physicians are peculiarly sensitive respecting their professional relations and rival practitioners.

Peculiar responsibilities pertain to the practice of medicine, aside from those involved in the treatment of cases of disease. In the exercise of his profession, the physician becomes intimately acquainted with the private character of his patients. Weaknesses, faults, vices, can not be con-

cealed, if not confessed. He can not escape, if he would, knowledge of family secrets. He is exposed to peculiar temptations. Other responsibilities relate to the honor and purity of the profession, the promotion of medical knowledge, the prevention of diseases, and the protection of the public health. The charitable gift of professional services to institutions and to individuals is an obligation which, with certain limitations, is inseparable from the medical profession. Important obligations arise from the opportunities afforded by the relations of physician and patient for advice and aid in overcoming injurious and immoral habits. There are duties connected with the expression of opinions concerning the nature, the probable cause, and the termination of diseases to patients and their friends, with communications respecting the diseases of patients to others, and with testimony given in courts of law. Finally, moral obligations to society are to be fulfilled by the members of the medical profession, individually and collectively, with reference to irregular practitioners, secret nostrums, and all the multitudinous forms of quackery.

The rules of conduct adapted to the peculiarities of medicine constitute medical ethics. These rules have a moral weight. Medical etiquette, on the other hand, consists of the forms to be observed in professional intercourse. These are conventional. They have not the binding force of ethical rules; nevertheless, they claim observance. The medical profession receives not a little ridicule for observing rules of etiquette, but their observance is a protection against not only embarrassment and confusion, but misapprehensions and dissensions, injurious alike to physicians and patients.

If there be ground for a distinct system of ethics applied to medicine, the rules of conduct which the system requires should be codified. A code of ethics adopted by the pro-

fession represents the views held by the majority of its members, and is, therefore, binding on all. It is indispensable for the sake of reference whenever differences of opinion arise. It indicates the proper course to those whose moral perceptions may be defective. It may prove a safeguard against the bias of personal interests. It thus contributes to the purity and dignity of the medical profession. Much would be gained in the popular respect for the profession were the public better acquainted than they are with the ethical rules by which its members assume to be governed. It is, perhaps, a common impression that the objects of a code of medical ethics have exclusive reference to the interests of the medical profession. So far from this, the objects are of far more importance to the public welfare than to physicians. The truth of this statement will be apparent, without argument, to any who will take the trouble to become acquainted with the provisions of the code. The writer may add that, in preparing these articles, he has been actuated by the hope that they may do something in the way of a general diffusion of knowledge on subjects which they who are not members of the medical profession are apt to think do not in the least concern them. These remarks, having reference to the ethics of medicine, will apply measurably to the rules of professional etiquette.

Prior to 1847 the codes of medical ethics which existed in this country were instituted by State or local societies, and in many, probably in most, of the States of the Union there were none. At the convention which resulted in the organization of the American Medical Association, in 1847, a committee, of which the late Isaac Hays was chairman, were instructed to report a code of ethics. This committee reported a code which was adopted unanimously, and from that date it has been recognized as the National Code throughout the whole country. With the single exception of

a recent action by the New York State Medical Society, this code has remained without any material additions or modifications. It has had, therefore, the approval of the medical profession of the United States for a period of over thirty-five years. It is but justice to the memory of an excellent English physician to state that the American code is based on that prepared by Thomas Percival, and published in 1803. Credit to Percival was given by Hays, in a note accompanying his report, as follows: "On examining a great number of codes of ethics adopted by different societies in the United States, it was found that they were all based on that by Dr. Percival, and that the phrases of this writer were preserved to a considerable extent in all of them. Believing that language so often examined and adopted must possess the greatest of merits for such a document as the present—clearness and precision—and having no ambition for the honors of authorship, the committee which prepared this code have followed a similar course, and have carefully preserved the words of Percival whenever they convey the precepts it is wished to inculcate." Percival's code of ethics was prepared for a son who was about to engage in medical practice, and who died before its publication. It was dedicated to another son who was engaged in the study of medicine. In its composition, as he says in the dedication, his thoughts were directed to his son, "with the tenderest impulse of paternal love, and not a single moral rule was framed without a secret view to his designation, and an anxious wish that it might influence his future conduct." The following is another quotation from the dedication: "The relations in which a physician stands to his patients, to his brethren, and to the public, are complicated and multifarious, involving much knowledge of human nature and extensive moral duties. The study of professional ethics, therefore, can not fail to invigorate and enlarge your

understanding, while the observance of the duties which they enjoin will soften your manners, expand your affections, and form you to that propriety and dignity of conduct which are essential to the character of a gentleman."

The code of the American Medical Association will form the basis of this work. The arrangement of topics adopted in that code will be followed, namely: 1st. The duties of physicians to their patients, and the obligations of patients to their physicians. 2d. The duties of physicians to each other and to the profession at large. 3d. The duties of the profession to the public, and the obligations of the public to the profession. A chapter will be devoted to each of these three divisions. The three chapters will embrace the entire code, with such comments as may suggest themselves. In a few instances the writer will venture upon critical remarks. In connection with topics which belong to medical ethics will be introduced remarks upon etiquette.

CHAPTER I.

THE DUTIES OF PHYSICIANS TO THEIR PATIENTS, AND THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

The plan which will be pursued, as regards the code and the commentaries, is the introduction of a portion of the code to serve as the text for the comments which will follow. The latter will be distinguished by a difference in print, and will therefore not require a distinctive heading. It would be easy for a writer full of admiration of the code to amplify largely upon it; but, appreciating the importance of having the volume of small size, the commentaries will be brief. The code offers very little opportunity for controversial discussion; all who have studied it must admit the difficulty of taking exceptions to its ethical rules.

Art. I.—*Duties of Physicians to their Patients.*

Section 1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. These obligations are the more deep and enduring, because there is no tribunal other than his own conscience to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office, reflecting that the ease, the health, and the lives of those committed to their charge depend on their skill, attention, and fidelity. They

should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect, and confidence.

The sentiments so admirably expressed in the foregoing first paragraph of the code need no arguments for their support, nor any comments to increase their force. They antagonize undue influences arising from self-conceit, an irritable temper, indolence, devotion to pleasure or to occupations which divert from professional duties, and all mercenary considerations. At the same time, they do not contravene self-respect and a proper regard for personal interests. It is not to be assumed that the practice of medicine is a sacred calling in the sense in which this expression is applied to the clerical profession, nor that it is adopted for purely benevolent or philanthropic purposes. The medical profession holds out to its candidates the inducements of an honorable pursuit, studies which are not only attractive, but afford ample scope for the mental faculties, labors which may carry with them the satisfaction of saving life and restoring health, but, conjoined with these, an expectation of gaining a livelihood, together with means for the enjoyment of the pleasures of domestic and social life, a fair prospect for acquiring a competency, and, with prudence and perseverance, even wealth. The last of these inducements are by no means necessarily inconsistent with the higher sentiments which should govern the conduct of physicians. Self-abnegation is a noble trait, not infrequently exemplified in the lives of members of the medical profession, but communities have no more right to demand it of them than of those in other callings, and indifference to their own worldly interests and the claims of their families is not to be enjoined upon them more than upon those engaged in other pursuits. This principle is one to be under-

stood both by physicians and the public. Writers of fiction and dramatists have depicted lives devoted to the duties of medical practice purely as works of charity.* These delineations have their analogues in real life. On the other hand, there are those whose absorbing aim is to acquire either distinction or pecuniary gain. Without undertaking to interfere with motives and objects, for which every one must be responsible to his own conscience, the code of ethics places before the mind of the physician sentiments peculiarly applicable to the exercise of the medical profession.

SEC. 2. Every case committed to the charge of a physician should be treated with attention, steadiness, and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services; none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance, should ever be divulged by the physician except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

Most persons, of "all sorts and conditions," regard physicians with respect in consideration of their calling. Even they who are notoriously rough and uncivil in their intercourse with others are often gentle and courteous to those from whom they expect to receive medical aid in sickness. As a rule, the physician, in his visits to his sick patients, re-

* E. g., "Le médecin de campagne," by Balzac.

ceives kindness and confidence. It may, however, be otherwise as a consequence of the influence of disease upon the mind. Disease not infrequently renders persons impatient, querulous, irritable, distrustful, suspicious, and these morbid mental conditions may manifest themselves in language and manner, perhaps, much at variance from the traits of character belonging to the same persons when well. Both propriety and policy dictate the utmost forbearance under these circumstances, on the ground that one is not to be held responsible in sickness for utterances and conduct which in health might properly involve accountability. The physician does not compromise his self-respect by submitting patiently to rudeness, or even insults, from a sick patient, to which he would be by no means bound to submit quietly if the patient were well. This ethical rule is not, at least to the same extent, applicable to the friends of patients. But here allowance is often to be made for the disturbance of mind arising from anxiety and apprehensions. Less allowance is due to officious visitors and acquaintances. Forbearance toward these is not always to be embraced within the scope of medical ethics. Prudence and tact are to be exercised according to the circumstances in particular instances.

On the part of the physician, it is a gross impropriety to require the forbearance of his sick patients and their friends. For him there is not the excuse which the latter may fairly claim. Roughness and the lack of courtesy on his part are the more inexcusable for the reason that patients and their friends are, in a measure, at his mercy. They have a right to expect from him kindness and patience, and, if he be lacking therein, he is not entitled to the indulgence which is due to them, if they be deficient in these regards. Brutality toward patients or their friends is a grievous offense against the medical profession. It is especially repre-

hensible toward hospital patients, or those from whom no pecuniary recompense is expected. Private patients in good circumstances can elect and change physicians. This is a privilege denied to those who seek relief in public institutions, or to whom medical services are gratuitously rendered; hence, it is taking a mean advantage not to treat such patients with attention and humanity.

The binding force of secrecy as regards all information obtained in connection with professional relations, whenever it is desired, or is desirable, on the part of patients or their friends, that the information should not be communicated to others, is not sufficiently appreciated by many members of the medical profession, and still less is it appreciated by the public. Weaknesses, foibles, and vices, perhaps unsuspected by others, become known to the physician. He can not help knowing them if he would. No one but himself is to be the wiser for this knowledge. Physical ailments and defects which the physician must discover, he has no right to speak of. Confidential communications by patients relating to themselves, their families, or their progenitors, are to be held as a sacred trust.

Physicians should be reserved, and exercise judgment in speaking of the ailments of those under their care. Many ailments are of a nature that most persons desire to conceal, and they should not be deprived of the right of concealment. It can not, for example, be agreeable to a young woman for her acquaintances to know that she is troubled with a tapeworm. Other affections of a much more delicate nature might be cited as examples. The right of concealment by no means belongs exclusively to the female sex. Moreover, a patient may have a serious disease, of which, in order to spare family and friends anxiety, or for other reasons, concealment is desired. The physician is bound to respect this desire. A physician who appreci-

ates fully the duty of secrecy can not but feel that it is a reflection upon his professional character when, as often happens, he is requested by a patient to observe this duty. It is true that some patients are not sensitive on this subject, and they may even desire that others may know of the nature of their maladies. Under these circumstances the physician is, of course, absolved from the duty of secrecy. He is not, however, to act upon his own presumption in the matter, when the feelings of his patients can be readily ascertained.

A more judicious reserve than is now practiced by not a few physicians would soon lead to a better understanding of the ethical duty of secrecy on the part of the public. How common is it for a practitioner to be asked, "What is the matter with Mr. ——, or Mrs. ——, or Miss ——?" The answer is expected to embrace the nature and seat of the disease, the symptoms which are present, and, perhaps, all the details of the sick-room. If a patient happen to be a person of note, the attending physician is liable to be called upon by an interviewer, who expects to get the diagnosis, the symptomatic history, the prognosis, and the treatment, for publication in a newspaper. Now, the ground is by no means to be taken that nothing is to be communicated to friends, acquaintances, or the public respecting cases of disease. It would be simply absurd to take this ground. The condition of a patient in respect of danger, and, in some instances, the probable duration of disease, may properly be made known to those who are interested in the patient's welfare. It is sometimes proper and sometimes not to state the nature of the disease. It may not be proper to go further. Of this, the physician must be the judge. It should be left to his judgment and sense of propriety or duty how much should be told of details belonging to the privacy of the sick-room. Intelligent, well-bred per-

sons, who have reflected upon the duty of a physician in respect of secrecy, will never place him in the unpleasant position of declining to answer questions relating to his patients.

Physicians have to deal with malingering. When called upon to decide whether or not persons are malingerers in prisons, in the army and navy, in hospitals, and other public institutions, and when impostors undertake to deceive the public by feigning diseases, either for gain, sympathy, or notoriety, there can be no question as to the duty of exposure. In private practice the duty will vary according to the circumstances in individual instances. The duty then points to the course which will be most productive of good, and with regard to this the physician is to exercise his judgment. In an instance like the following it seems plain that secrecy would have been improper: A young man, the son of a wealthy father, feigned paroxysms of intense pain and convulsions, and at times unconsciousness. He had imposed upon a medical adviser so far as to obtain from the latter a written statement that he would probably never recover, and was liable to die in one of the paroxysms. When he had reason to know that his deception was discovered by another physician, he became abusive in the extreme, instead of asking for concealment, with a promise that the malingering should cease. Under these circumstances, the diagnosis was stated to the parents, and the case relinquished. Secrecy outside of the family in such an instance would be proper, provided the diagnosis was not kept by them a secret, and the physician was not called upon to defend its correctness. There are instances, however, the object being to awaken interest or affection, in which exposure is not the physician's duty, inasmuch as it will not do good and may do much harm. It may be a question whether the physician should ever dissimulate so as to ap-

pear to be himself deceived. Policy may seem to dictate this course. As a rule, it is more consistent with professional character to undeceive the malingerer at a proper time and in a proper way; otherwise, the physician becomes an accomplice in the fraud. With regard to secrecy beyond this, there can be no better rule than to pursue the course which will do the least harm or the most good to all concerned.

In respect of the knowledge of criminal acts, the physician is not to play the part of a detective or an informer. Some may consider it a strong assertion that a physician is under an ethical bond of secrecy when, through his professional intercourse, he may have ascertained that his patient is an escaped convict, a thief, a robber, a forger, or even a murderer. No matter how heinous the crime, the wretched criminal has a right to medical services in sickness. Who can tell how important it may be that his health should be restored and his life prolonged by these services, albeit in the light of human judgment it might seem better that he remain prostrated by disease or die. The duty of the physician in such instances relates exclusively to the patient. He would be debarred from medical services were it understood that physicians are to play the part of detectives and informers. It may be said that a distinction should be made as to the nature and degree of crimes which patients have committed. But where is the line to be drawn? It is not for the physician to exercise a judicial discretion on that point. The ethical rule is without exceptions. Medical men do not always appreciate the binding force of this rule, and disastrous effects sometimes follow its non-observance. The following recital is in illustration:

An unfortunate young woman had sought to escape the disgrace of maternity, and is a victim of malpractice. A physician is called to attend her in her extremity. He

recognizes the nature of the case and the dangerous condition of the patient. He demands, in the cause of justice, to know the name of the author of her trouble, and of the one who had undertaken a criminal interference. An officer of justice is summoned to receive her testimony. The woman dies. The newspapers give publicity to the case, with all its details. The physician acted from his sense of duty, his object being the punishment of the offenders against the law. As results of his action, the moral effect of the steps taken in behalf of justice may have contributed to the death of the patient, and, at least, it is fair to conclude that the misery of her last hours was thereby increased; she left a dishonored memory; disgrace was brought upon the relatives of both parties, he being a husband and the father of a family. After all, the surviving offenders eluded punishment. This is not a hypothetical case. It is left to the reflections of the reader, with but brief comment. In no point of view was the action of the physician to be justified, although taken with good intentions. Knowledge of the fact of malpractice was essential to a proper appreciation of the case. Further knowledge was not essential, and it was taking an ungenerous and improper advantage to demand it. Compliance with the wishes of the patient, voluntarily and deliberately expressed, could afford the only ground for excuse in the non-observance of secrecy.

The duty of the physician in giving testimony as a medical witness may be regarded from two points of view, namely: medical ethics, and existing laws relating to the subject. As regards the former, he must be himself the judge; in the latter, he will be instructed by legal advisers and the courts. It may happen that there is not agreement in these two points of view; in other words, he may be required to give testimony respecting matters which, in his judgment, are in the category of professional secrets. He must decide

in such a case whether he will act in opposition to his convictions of ethical duty, or refuse to testify and accept the consequences, whatever they may be. One who has confidence in his own interpretation of duty, and holds the dictates of conscience to be above all other considerations, will refuse to testify, provided he have firmness enough to take that position. On the other hand, a refusal will not come from those who are distrustful of their ability to judge correctly of ethical duty, or from those who believe that in a conflict between the dictates of conscience and the interpretation of existing laws the latter should prevail; or, again, from those who would rather yield than submit to the consequences of not yielding.

The section of the code of ethics prefixed to these remarks is definite and comprehensive as to the duty and the scope of professional secrecy. Aside from the sense of honor and humanity, this portion of the code affects practitioners of medicine merely in relation to policy. The interests of the public, much more than those of physicians, are involved in this portion of the code. But, in view of these interests, it should be an object with members of the medical profession to secure the enactment of laws which are in full agreement with the letter and the spirit of the code. Testimony which involves a violation of medical ethics should not only be not required, but prohibited. For declining to give testimony, a declaration under oath that it would be a dereliction of the duty of secrecy should suffice.

In the laws of the State of New York there is a statute which is in harmony with the code of medical ethics. It is headed "Physicians not to disclose Professional Information," and reads as follows: "A person duly authorized to practice physic or surgery shall not be allowed to disclose any information which he acquired in attending a patient in

a professional capacity, and which was necessary for him to act in that capacity."

A summary of the New York cases, and examples drawn therefrom, may be of interest to the reader.*

"It must be assumed, from the relationship existing, that the information would not have been imparted except for the purpose of aiding the physician in prescribing for the patient. Information means not only communications received from the lips of the patient, but such knowledge as may be acquired from the patient himself, from the statements of others who surround him, or from observations of his appearance and symptoms." Edington *vs.* Mutual Life Insurance Company, 5 Hun., 1.

"But communications made to persons in attendance at the office of a physician during his absence, and not shown to have been made as the basis of a prescription, are not privileged." Kendall and Gray, 2 Hill, 300.

"Nor does the statute preclude the physician from testifying to the nature of the disease and the character of the treatment when he sues to recover for his services." Kendall and Gray, 2 Hill, 300.

"But whenever a visit is regarded and acted upon as professional, the statute applies; as, for example, when a wounded man accused of murder was visited by two physicians at the request of the coroner, held on the trial that the physicians could not as witnesses disclose the information that they acquired on such visits, as the prisoner knew them to be physicians, and submitted to questions for that reason." People *vs.* Stout, 3 Park. Cr., 670.

"In an action for divorce, the physician can not be required to testify to conversations which were held with him in his professional capacity, although these conversations

* Furnished by a legal friend, Edward H. Strobel, Esq.

tended to establish adultery." Hume *vs.* Hume, 1 N. Y. Sup., 499.

"Nor can a physician be required to testify whether a person had venereal disease when under his care." Sloan *vs.* N. Y. C. R. R., 45 N. Y., 125.

"There seem to be the two following exceptions to the statute: An application to a physician for means of procuring an abortion, accompanied by a disclosure of the female's name, is not privileged, the ground of the decision being that it was doubtful whether such a communication should be considered as made while consulting the physician professionally, and that the information was not essential to enable him to prescribe." Hewitt *vs.* Prince, 21 Wend., 79.

"The statute creates merely a privilege in favor of the patient, and there is no person, after the patient's death, entitled to assert it. Hence, the statute has no application when a physician is called, in probate of a will, to testify touching the capacity of the deceased patient." Allen *vs.* Public Administrator, 1 Bradf., 21.

"Both these exceptions are doubted in Edington *vs.* Life Insurance Company, on appeal to Court of Appeals, 67 N. Y., 185. The latter exception was virtually overruled in that case, it being held that the protection which the law gives to professional confidence does not cease upon the death of the party; the seal which the law fixes upon such communications remains unless removed by the party himself or his legal representative."

"It must be understood that the privilege is that of the party and not of the witness. The testimony of a physician, if not objected to by the patient, is admissible. If the party interested waive his right, the physician may be examined." Johnson *vs.* Johnson, 14 Wend., 637.

A statutory law substantially the same as in the State of New York exists in the following States of the Union: Mis-

souri, Wisconsin, Iowa, Indiana, Michigan, Arkansas, and California.

The law in England makes the divulging of professional secrets compulsory. "In the case of the Duchess of Kingston, it was decided that in a court of justice medical men are bound to disclose these secrets when required to do so. Lord Mansfield said on that occasion, 'If a medical man voluntarily revealed these secrets, to be sure he would be guilty of a breach of honor and of great indiscretion, but to give that information which by the law of the land he is bound to do will never be imputed to him as any indiscretion whatever.' In that case Sir C. Hawkins, who had attended the Duchess as a medical man, was compelled to disclose what had been communicated to him in confidence. This is the leading case in England, and fixes the law in that country; or, in better words, it is the common law rule." It will be noted that the decision referred to takes cognizance only of the rights of the medical man, not those of his patients.

The law in France recognizes fully the obligation for secrecy on the part of physicians, as appears from the following citation: "*Obligation des médecins envers les particuliers qu'ils traitent.*

"Comme un médecin est souvent dans l'occasion de connaître les secrets de ses malades, soit par la confiance qu'on peut avoir en lui, soit par les conjonctures qui rendent sa présence nécessaire, lorsqu'il est question de quelque affaire secrète, il est de son devoir de ne point abuser de ce qui est venu à sa connaissance, et de garder à cet égard un secret inviolable. Ce secret est ordonné par un article des statuts de la faculté de médecine, qui porte: *Aegrorium arcana, visa, audita, intellecta, nemo eliminet.*"—Merlin, "Repertoire de jurisprudence," tome 20, titre, "Médecin," § 111.

It is incumbent on physicians to decide beforehand upon the action which they will take in cases involving a question of professional confidence. Penalties incident to the conviction that the requirements of professional confidence should be inviolable are to be accepted as conducive to the honor of the profession and to humanity.

SECTION 3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

It is generally left to the physician to judge of the frequency of visits which cases require. He is asked by patients, or their friends, much oftener to increase than to diminish the number of his visits. Not infrequently he is asked to make the number greater than, in his judgment, the case requires. Patients who are able and willing to incur the expense of superfluous visits are entitled to them, if professional attendance necessary in other cases be not thereby prevented. But it is fair, both to the physician and patient, to state that a certain proportion of visits made at the request of the latter are not required by the circumstances of the case. In this way useless anxiety on the part of the patient from unnecessary visits is avoided. Physicians, naturally, are sensitive respecting an imputation of making more visits than cases require, and, for this reason, they may make fewer than are advisable. Young practitioners, who are known to be struggling for a livelihood, are especially apt to be sensitive on this point. Owing to the infrequency of visits in consequence of this sensitiveness, they may appear not to be sufficiently interested in a

case, or not to attach to it sufficient importance. It is always better to make too many than too few visits. The former error is easily corrected, but the latter does not admit of correction. The instances must be extremely rare in which physicians multiply visits beyond the requirements of a case for the purpose of pecuniary gain. Instances are much more frequent in which they fail to do justice, both to their patients and themselves, in this regard.

SECTION 4. A physician should not be forward to make gloomy prognostications, because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

It is a mild expression to say that gloomy prognostications made in order to magnify the importance of medical services savor of empiricism. Whenever made with that intent, they denote nothing less than downright charlatanry. The facility with which patients are led to an exaggerated estimate of medical services, and the disposition often, of their own accord, toward such an estimate, offer, in many instances, a strong temptation. Physicians not over scru-

pulous as to the means of obtaining a popular reputation for professional skill are likely to yield to the temptation. A well-educated physician must know that he can rarely assume to have warded off an impending disease. The statement to a patient that he has barely escaped an attack of pneumonia, typhoid fever, apoplexy, or other diseases which might be included in this category, is either evidence of ignorance on the part of the physician who makes the statement, or it is a gross violation of medical ethics. It is a popular error that most diseases can be foreseen by skilled observers, and prevented by skillful measures. The truth is, this can properly be said of but few diseases. The public are also equally in error in regard to the management of diseases. Certain diseases are controllable by known therapeutical agencies. Many, however, in the present state of our knowledge, can not be controlled; that is, arrested and brought at once, or speedily, to a favorable termination. In a considerable proportion the tendency is to end favorably, and this tendency might suffice, irrespective of any active treatment. The management of the diseases which are not controllable consists in close observation and watching for complications or untoward events, meeting indications as they arise in particular cases, palliating symptoms, relieving pain or distress, and sustaining the powers of life, thus endeavoring to promote a favorable termination, to diminish suffering, and, perhaps, shorten the duration of the disease.

It is, of course, dishonest, and, therefore, a violation of medical ethics, for a physician to claim more credit than that to which he is entitled in controlling diseases or in their management. A better understanding than now generally exists in the popular mind of the nature and scope of the offices of the physician, in these regards, will tend to place the medical profession in a better light before the public.

Forwardness in gloomy prognostications is not always evidence of a desire to magnify the importance of medical services. It may proceed from a mental tendency thereto. Some minds are so constituted that there is a constant disposition to look on the dark side and anticipate the worst. This is a misfortune in the practice of medicine, alike for the physician and his patients. The physician loses a potential factor in the management of diseases, and the patient suffers a corresponding disadvantage. Some physicians are over-sanguine in prognosis, and fail to appreciate fully the condition of patients in respect of danger. A *juste milieu* is desirable; but, if there must be error in either direction, it is far better to err by looking on the bright side.

Undue solemnity, anxiety, and apprehension in the looks, manner, or words of a medical attendant on the sick, are extremely unfortunate—they discourage patients, whereas, on the other hand, a cheerful mien, calmness of deportment, and verbal assurances, sometimes accomplish more than drugs. Patients often declare that they are conscious of deriving benefit from the visits of a physician irrespective of his prescriptions, but the manifest effect is sometimes quite the reverse. It is a duty always to encourage patients as much as the circumstances of the case will allow. The encouraging features of a malady should be dwelt upon, and not those of an opposite character. Unfavorable events which may be apprehended should not be referred to in the hearing of the patient, although it may be judicious to mention them to friends, in order that they be not taken by surprise, and attach blame to the physician for concealment.

Patients, when seriously ill, do not often ask for explicit information as to the existence or the degree of danger. If the question be asked, it must, of course, be answered.

The answer, with rare exceptions, should be so worded as not to exclude hope, but without deceiving the patient by holding out false assurances of recovery. To tell a patient that within a fixed period death is certain is not only a brutal violation of propriety, but such a belief is seldom warranted by actual knowledge. The writer of these commentaries has in several instances sat by the bedside awaiting the last breath in cases which have ended in recovery. It may be a duty for the physician, of his own accord, to intimate, or cause to be intimated, to the patient that the disease is not without danger. It seems hardly right that persons should die from disease without having had any suspicion of danger; but this not infrequently happens. There may be important matters to be attended to in preparation for death. Last wishes and words are often of great comfort to surviving relatives and friends. As stated in the code, it is more appropriate for communications having reference to danger and death to be made by some one other than the medical attendant; but often others shrink from this painful duty, and, moreover, many are not competent to perform the duty with judgment and delicacy; hence, it falls upon the physician, and, under those circumstances, he should not decline it.

Section 5. A physician ought not to abandon a patient because the case is deemed incurable, for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance under such circumstances would be sacrificing to fanciful delicacy and mistaken liberality that moral duty which is independent of and far superior to all pecuniary consideration.

Instances are not extremely rare in which recovery from disease takes place when there had seemed to be little or

no ground for hope. This fact renders it injudicious for the physician to pronounce a positively fatal prognosis even in cases which are apparently hopeless. There is no need of saying that death is certain, inasmuch as the statement of extreme danger answers every purpose as regards duty toward the relatives or friends, and, also, the patient. The physician should avoid committing his own mind to a fatal prognosis whenever there is the slightest foundation for hope, because the effect will be relaxation of his medical efforts. The effect of an abandonment of all hope on the minds of nurses, relatives, and friends, is bad. Their co-operative efforts are thereby relaxed, and not infrequently, as a desperate alternative, the patient is given over to experimentation with some irregular methods of practice.

It is trying to a physician to continue to visit patients when he feels that the resources of medicine are powerless, and to witness the closing scenes of life. But there is room for his good offices under those circumstances, and he should not withhold them. He can often do much toward lessening pain or discomfort—mental and physical; he can contribute to euthanasia, and he can comfort those who surround the bed of death by assurances that in the "last agony," as it is miscalled, these manifestations of distress are usually unattended by conscious suffering.

Section 6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

Erroneous views respecting consultations prevail largely in the public mind, and, to a considerable extent, among members of the medical profession. A request for a consultation is often considered as implying lack of confidence in the attending physician. It is not an uncommon notion that the function of a consulting physician is to judge con-

cerning the practice which has been pursued, and announce his decision to the patient and friends. Some persons have the idea that the physician in consultation assumes entire control of the case, and that he is entitled to whatever credit may pertain to the management. It is not to be wondered at that, recognizing and perhaps sharing in these erroneous popular views, practitioners are anxious to dispense with consultations, if they can be avoided, and consent with reluctance when they are proposed. It is highly important that the public should have correct views of the proper objects of consultations. These objects are: co-operation in the management of cases of disease, a division of responsibility, and the satisfaction of patients and those interested, by enabling them to feel that, whatever may be the result, they have done all that lies in their power to secure the best resources of medicine. A medical consultation should not necessarily imply that the consulting physician has more knowledge and skill than the physician in attendance. The advantage is in having two or more heads instead of one head. Life and health are certainly of sufficient importance to claim the judgment of more than one person. Questions in law, or of the affairs of business, or of comparatively unimportant matters relating to rules of conduct, are often deemed of sufficient consequence to obtain collective opinions. How inconsistent, therefore, to rely upon a single mind in cases of disease which may lead, if not to death, to a permanent impairment of the mental or physical powers! Consultations, when their true objects are recognized by all parties, are of great comfort to an attending physician. Undoubtedly, a reason for their being distasteful to him often is a want of full confidence in the honor of the consulting physician. Hence, it is important that physicians comply conscientiously with the rules laid down by the code in respect of con-

sultations. These rules will be considered under another heading.

SECTION 7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offense, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

Members of the medical profession, as such, are not called upon to be expounders of doctrines of morals, still less partisans of any particular form of religious faith. The tendency of that knowledge of human character which is incident to the practice of their profession is to make physicians charitable, and tolerant of diversities of opinion in relation to ethics and religion. Seeing, as they can not fail to do, all that lies beneath the surface in the different stations and varied conditions of human life, they know that the worst traits of character may be found in the highest, and the best in the lowest, of the conventional grades of society. Owing to the intimate and unreserved relations of the physician to his patients, he can often do much toward carrying out the injunctions of that portion of the code which is prefixed to these remarks. It is undoubtedly true that persons will often listen more considerately to counsels or remonstrances from a medical adviser than to those of relatives, friends, and neighbors, or even to the admonitions of the clergy. It is, perhaps, true that most persons are influenced more by considerations which have reference to life and health than to those which appeal directly to the moral nature. The evils resulting from the abuse of alcohol, the dangers connected with the habitual use of opium, chloral, and other drugs, and the consequences of

licentiousness, may, in not a few instances, be pointed out more effectively by a physician who has the confidence of his patients than by any one else. It is clearly his duty not to forego any opportunity of "promoting and strengthening the good resolutions of his patients."

ART. II.—*Obligations of Patients to their Physicians.*

There are several reasons why this portion of the code calls for but little in the way of commentary. In the first place, the commentator being a member of the medical profession, it is a matter of delicacy not to dilate too largely on the obligations of patients to their physicians. In the second place, although in the preparation of these commentaries the hope is entertained that they will have interest for non-medical readers, there is probably little ground for the expectation that they will have an extensive popular circulation. In the third place, a large proportion of patients are fully sensible of their obligations to their physicians; and, lastly, the portion of the code which defines the obligations of patients to their physicians is so clear and comprehensive as not to offer much scope for addition or elucidation. For these reasons, instead of making each subdivision a separate heading for comments, the entire article will be first given, and, afterward, brief remarks on the topics which it embraces, following the order in which they are presented in the code.

SECTION 1. The members of the medical profession, upon whom is enjoined the performance of so many important and arduous duties toward the community, and who are required to make so many sacrifices of comfort, ease, and health for the welfare of those who avail themselves of their services, certainly have a right to expect and require that their patients should entertain a just sense of the duties which they owe to their medical attendants.

SECTION 2. The first duty of a patient is to select as his medical adviser one who has received a regular professional education. In no trade or occupation do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

SECTION 3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician; for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions of those he attends, is more likely to be successful in his treatment than one who does not possess that knowledge.

A patient who has thus selected his physician should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

SECTION 4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms, and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease which might have been readily prevented had timely intimation been given to the physician.

SECTION 5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories than by the most minute account of his own framing. Neither should he obtrude upon his physician the details of his business nor the history of his family concerns.

SECTION 6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent, they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever that may be recommended to them by the self-constituted doctors and doctresses who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

SECTION 7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him; and, when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for, although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

SECTION 8. When a patient wishes to dismiss his physician,

justice and common courtesy require that he should declare his reasons for so doing.

SECTION 9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

SECTION 10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character that no mere pecuniary acknowledgment can repay or cancel them.

The demands for medical services are so irregular, occurring at all times of both day and night, that a physician in full practice can not systematize his work. He must often forego periods of study, sleep, and needed rest, meals at stated times, social enjoyments, and recreation. The demands frequently can not be deferred, and the services perhaps can not be performed by a substitute, even if one be available. These are not trifling hardships, but of greater weight are the peculiar anxieties and responsibilities pertaining to the practice of medicine. The pressure of these is felt as a heavy burden by most physicians, although it may be concealed by calmness, cheerfulness, and either brusque or jovial manners.

Notwithstanding its arduous duties and the many sacrifices which it involves, the medical profession does not lack members, and in many places it is overcrowded. There are but few communities in which patients have not a choice among a considerable number of practitioners. In selecting

a medical adviser or a family physician, most patients are influenced not a little by external appearances and by feelings of friendly interest. It can not be expected that they can judge critically of professional attainments. To form any accurate judgment of skill in therapeutics is by no means always easy for the medical observer, and it is simply impossible for those who are not versed in medical knowledge to decide how much to attribute to nature and how much to art in recovery from disease. True it is that very many believe themselves fully warranted in assuming to determine in individual cases whether a practitioner deserves credit or blame; but this belief is no evidence of the correctness of the assumption. Many do not hesitate to decide as to the relative merits of what is known as the regular practice and the various systems which appeal to popular favor on the ground of having originated in advanced views of medicine. This fact is proof of credulity in matters pertaining to the practice of medicine; for surely no one can claim that the decisions often so readily formed have any logical foundation. Undoubtedly a pleasing address, together with good judgment and tact in matters not strictly connected with medical services, often goes far toward obtaining and preserving the confidence of patients. There is nothing wrong in this; but it need not be argued that to deserve confidence something more than these recommendations is requisite. It follows from what has been stated that the evidence of having received a good medical education is not to be overlooked in selecting a medical adviser. Of this evidence every one can form an opinion. Aside from official testimony, the good sense which a physician shows in matters not connected with medicine is to be taken into account, and the esteem in which he is held by his professional brethren. The importance of a discrimination among physicians according to their educational rec-

ommendations does not relate exclusively to the interests of patients in selecting medical advisers. Such a discrimination is likely to have not an inconsiderable influence on the promotion of medical education.

Intemperance is a calamity as great in the practice of medicine as in any other calling. There are few spectacles more painful than a drunken doctor at the bedside of a patient affected with a disease involving immediate danger to life. Such a spectacle happily is rare. It can not be said that intemperance is largely prevalent in the medical profession. There is no need of impressing upon patients the fact that a physician devoted to drinking-saloons, the billiard-table, horse-racing, and other kindred pleasures so called, or to the gayeties of fashionable life, is not to be preferred to one of different habits and tastes. This is well enough understood. The acquaintances which a doctor makes in frivolous or low associations do not prefer him as their medical adviser. In like manner the public is sufficiently alive to the damaging effect on the professional character of the medical practitioner by an unduly absorbing interest in art, literature, or pursuits of any kind which, although in themselves worthy, direct the attention from the duties of his profession.

It is wise to select a medical adviser when in health. No one should be uncertain upon whom to call for professional services. The selection, if deferred in case of illness until a time when these services are needed, perhaps suddenly, can not be deliberate, and must often be determined by accident. A patient under those circumstances is liable to be placed in a situation of much embarrassment; the physician accidentally in charge may not prove acceptable, but it is painful to make a change. The responsibility in cases of disease should be concentrated upon one person. It is unwise to have several medical advisers—one for dis-

eases of the chest, another for nervous diseases, etc. The interests of patients are best subserved by having those who are distinguished as specialists always act in concert with the one who stands in the relation of medical adviser. It is the duty of the latter to decide whether certain ailments are trivial, or whether they betoken an important malady; hence, the importance of consulting him at once, wherever there are any symptoms of disease. Patients who have a proper degree of confidence in their physicians will be unreserved in their communications, thus giving every opportunity of judging respecting the agencies which may be involved in producing or maintaining the conditions of disease. A physician never considers anything to savor of indelicacy which may have a bearing on the knowledge of the case which he is called upon to treat. On the other hand, the patience of physicians is sometimes sadly tried by needless details. After a brief account, a competent physician understands vastly better than the patient the different directions in which it is desirable to push inquiries. Lengthened descriptions of morbid sensations or feelings are not only needless and tiresome, but confusing. Above all, patients should forbear writing out a full history of their subjective symptoms.

There is a class of patients much dreaded by physicians, namely, those who insist upon being taken into a medical consultation with regard to the treatment. Such patients desire not only to know what medicines are prescribed, but to discuss the reasons therefor; they are not content without exercising their own judgment concerning therapeutic indications and the means of fulfilling them. Still more, they sometimes undertake to dispense with or to modify the directions of the physician in his absence, according to their own ideas or modes of reasoning. It is not only very unsatisfactory to treat such patients, but they are likely to

fail to receive the full benefit of judicious treatment. If a patient has full confidence in his physician, he should follow strictly, without contention or distrust, all medical directions. If a patient has not full confidence in his physician, it is best for all concerned that another be substituted.

The impropriety of professional conversations with physicians not in charge of a case should be understood by patients as well as physicians. A proper sense of propriety will deter the latter from making any inquiries as to the symptoms and treatment, or offering any observations. To act according to the advice of different physicians, the latter being in ignorance of the fact, is not only dishonorable, but prejudicial to the welfare of the patient. If the advice of more than one be desired, the proper way to obtain it is by a professional consultation, which no physician should ever decline, provided the one proposed to be called in consultation be acceptable to him. To request the services of a consulting physician without the knowledge and consent of the physician in charge is a gross discourtesy, and, if done under circumstances which imply lack of confidence, the latter is fully justified in relinquishing the case.

Patients who have lost confidence in their physicians should request discontinuance of their services. So essential is full confidence in the treatment of cases of disease that it is a false delicacy to conceal the want of it. It is best for both the patient and the physician that there be a change. The code states that common courtesy and justice require that, when a physician is dismissed, the reasons should be disclosed. But the loss of confidence is in itself a sufficient reason, no matter how unreasonable the loss may be. A high-minded physician can not wish to continue in charge if he can not have the confidence of the patient. He should take the initiative in the relinquishment of the case whenever he is satisfied that confidence is

lost. The reasons for the loss of confidence in some instances may be as indefinite as in the following familiar lines:

"I do not like thee, Dr. Fell;
The reason why I can not tell;
But this I know, and that full well,
I do not like thee, Dr. Fell."

Now, under such circumstances, Dr. Fell should be satisfied with the information conveyed by these lines, and retire from the case.

The inability to systematize his work is a great drawback to the comfort of the medical practitioner. Patients can do not a little toward relief in this regard by observing the injunctions contained in the ninth section of the article of the code now commented upon. This reference suffices for that section. The tenth and last section of the article expresses a truth which, for the majority of patients, need not have been expressed. The feelings of a patient at the time of recovery from disease, as contrasted with those at a later period, have furnished a subject for jests and humorous illustrations; but "a just and enduring sense of the value of the services rendered him by his physician" is felt by the patient as a rule, and the degree of grateful appreciation of these services by the many more than compensates for a lack of this appreciation by the few.

CHAPTER II.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER AND TO THE PROFESSION AT LARGE.

ART. I.—*Duties for the Support of Professional Character.*

SECTION 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members; should avoid all contumelious and sarcastic remarks relative to the faculty as a body; and, while by unwearied diligence he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

SECTION 2. There is no profession from the members of which greater purity of character and a higher standard of moral excellence are required than the medical; and to attain such eminence is a duty every physician owes alike to his profession and to his patients. It is due to the latter, as without it he can not command their respect and confidence, and to both, because no scientific attainments can compensate for want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow-creature.

SECTION 3. It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

SECTION 4. Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

The late Alexander H. Stevens, in his acknowledgment of the honor of an election to the presidency of the American Medical Association, at its first annual meeting in 1848, spoke of the profession of medicine in the following terms: "Our profession, gentlemen, is the link that unites Science and Philanthropy. It is one of the strongest ligaments that binds together the elements of society. It teaches the rich their dependence, and elevates the poor to a sense of the innate dignity of their nature. Its aim is to add to the comfort and duration of human life. In a country where population is not crowding on the means of subsistence, and where every individual has the largest opportunity of promoting his own happiness and of perpetuating it in his posterity, the medical profession, entirely philanthropic in its

objects, more intimately connected with the pursuits of science than the other learned professions, and not overshadowed by an hereditary aristocracy, enjoys pre-eminently a high social position, and, for all legitimate objects, a commensurate influence." Eulogiums equally glowing, in view of its beneficent objects, have come from speakers and writers not of the medical profession. It is not a small thing to belong to a profession so much honored, and plainly it is the duty of its members to do nothing to impair, but everything to sustain and promote, its honorable character. It may be said that the sentiments expressed in relation to the "duties for the support of professional character," contained in the two first sections under this head, are mere truisms and platitudes. This may be said with regard to any collection of ethical principles for the regulation of human conduct. Experience shows the importance of the embodiment in language of moral principles pertaining to other of the relations of life, and there is reason to believe that this portion of the code has had not an inconsiderable influence upon the character of the profession by inciting its members to become worthy of it, and to render it still more worthy of the estimation in which it is generally held by the public.

There can be no difference of opinion in the minds of worthy physicians as to the acts which in the third section of this article are specified as derogatory to the dignity of the profession. But the propriety of the interdiction of these acts by the code is not always appreciated by the public. As a reason for their being interdicted as "highly reprehensible in a regular physician," it suffices to say that "they are the ordinary practices of empirics." The public should understand that these practices are criteria of irregular or unworthy practitioners. With this understanding, if persons consent to be influenced by such acts, the responsi-

bility for consequences lies with themselves. The credulity in regard to therapeutics which is inherent in the minds of many will doubtless always afford encouragement for a continuance of the various meretricious methods of obtaining credit for superior medical or surgical skill.

There are certain conventional rules, differing in different places, which come under the head of etiquette rather than ethics. In the city of New York it would be deemed unbecoming to insert a card with residence and office hours, or a notice of removal, in a medical journal, and still more in a newspaper or any non-medical periodical. But in some other cities such notices in a medical journal are not looked upon as improper, and in some parts of the country even advertisements in newspapers by physicians, stating that they are candidates for practice, are not objected to. In Paris a professional door-plate is a deviation from propriety. In New York a door-plate or sign, modest in its proportions as in other regards, is the rule. But in some places the traditional "doctor's shingle" is a board which, in size and conspicuousness, would answer for a drug-shop, with, perhaps, an arrangement for illumination at night. In these and other matters falling in the category of conventional rules, it is, to say the least, not in good taste for any one to go beyond the limits which custom defines.

The grounds for the injunction not to patent remedies or surgical instruments, and not to dispense secret nostrums, are not always appreciated by the public. Some appear to think that it is dictated by jealousy or professional prejudice. The reasons are concisely but clearly stated in the code. Imagine Jenner to have applied for a patent giving exclusive property in vaccination, or keeping it a secret! How different would the names of those identified with the discovery and introduction of anæsthesia in surgical and medical practice appear in history had the attempt not

been made to withhold from the profession and the public the agent employed, and to secure a proprietary interest therein! Here, as in all other instances, the restrictions of the code of ethics have reference to the welfare of the community, and not to the selfish interests of the medical profession.

ART. II.—*Professional Services of Physicians to each other.*

SECTION 1. All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who, by the ties of consanguinity, is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously, as such unasked civility may give rise to embarrassment, or interfere with that choice on which confidence depends. But if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed which the party receiving it would wish not to incur.

Proper delicacy as regards visiting their brethren in sickness is not always observed by medical men. From the best of motives, the professional friends and neighbors of a sick physician are apt to call upon him, inquire into his case, proffering their opinions and advice, without any concert between them, and the result is that a medical patient may receive no systematic treatment; he is more poorly cared for in this respect than the poorest of non-medical patients. He often can not, without much embarrassment,

exercise the privilege of the latter in selecting the advisers whom he would prefer. He should not be deprived of this privilege, and the greatest care should be taken to secure it for him. Except in cases where close intimacy dictates a deviation from the rule, a physician should not ask to see another physician in illness until requested to do so. The manifestation of interest and sympathy should be limited to kind messages and inquiries through others. It is as important to a physician who is sick as to others, to have a regularly selected physician in attendance, and consultations, if desired, should be had in the same way as in other cases.

Naturally and properly, medical services rendered to members of the profession should be gratuitous. The rule with regard to an honorarium, however, is a sound one in this application: namely, one has no right to impose a pecuniary obligation when it is distinctly against the wishes of the party receiving the services. This rule is applicable here as in other cases. A request to present a bill for services, however, should never be made. Such a request implies an expectation that it will not be complied with. Any pecuniary acknowledgment by a member of the profession for medical services should be made strictly as an honorarium.

Art. III.—*Of the Duties of Physicians as respects Vicarious Offices.*

Section 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and, when exercised for a short

period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he can not be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety, and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

The code of ethics defines the line of conduct in many instances of which it may be said that a proper courtesy and sense of honor should suffice without formal ethical rules. Assuming that an adequate degree of courtesy and sense of honor belong to members of the medical profession in general, to assume this for all members would be to claim for medicine, in a moral point of view, a position far above that of any other pursuit. Ethical rules, therefore, are needed for a greater or less number of physicians. But, irrespective of any question of moral delinquency, rules are useful by indicating precisely what is to be done under certain circumstances, thus preventing embarrassment and saving the trouble of discussion in particular instances. It is to some extent a popular impression that the feelings of physicians toward each other are rather repellent than attractive. This impression is groundless. There is no class of men among whom fraternal sentiments prevail more than among practitioners of medicine. Personal antipathies from local jealousies, and, occasionally, incident to differences in opinion concerning questions which are considered as involving important interests of the profession, do not invalidate the correctness of this statement. Requests for vicarious offices, as well as other services for professional brethren, are usually cheerfully complied with.

Vicarious offices offer an opportunity for one deficient in a proper sense of honor to undermine the confidence of patients in their physicians. This may be done, not openly, but insidiously, by questions, expressions of surprise, over-assiduous attentions, etc. It will do much toward neutralizing such violations of honor if the public be made acquainted with the article of the code which relates to these offices. Patients will be led to understand the motive which prompts such dishonorable efforts, and, so far from accomplishing the objects, they will justly react upon unworthy members who act in opposition to the spirit of the code. It sometimes happens that a patient placed under the care, temporarily, of a practitioner, prefers that the substitute should continue permanently in charge. A patient may express a wish to that effect from a feeling that it is an act of courtesy to do so, at the same time, perhaps, being anxious that the family physician should resume his services. In order to avoid all difficulties, the physician who has performed vicarious offices in any case should relinquish the case, as soon as these offices are no longer needed, into the hands of the physician for whom he has acted, without any explanation or discussion with the patient or friends. If requested to remain in charge, he should positively decline. The family physician, after having been reinstated, is then, of course, free to act in conjunction with the wishes of the patient and friends, as regards the continued attendance of his substitute, either in consultation or in charge of the case.

The rules in regard to fees being clearly stated, there need be no embarrassment nor discussion on this score in particular cases.

ART. IV.—*Of the Duties of Physicians in Regard to Consultations.*

SECTION 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognized by this association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner or a fit associate in consultation whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

The foregoing section has of late been made the subject of much discussion. Of the entire code this section alone has occasioned dissension. The writer of these remarks is one of many who think that the code is here open to objection, not, however, in spirit or intent, but in phraseology. The last sentence is the part concerning which an objection may fairly be raised. At the time when the code was adopted by the American Medical Association, the irregular practitioners, so-called, were, for the most part, uneducated men, whose practice was not only based on an exclusive dogma, but, professedly, to the "rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry." They were "steam doctors, or Thomsonians," "botanical or herb doctors," "eclectics," and the like. A system of practice based on the dogmas of Hahnemann had not then ac-

quired a hold on popular favor. A considerable number of those who became homœopathic practitioners, as they are termed, were from the ranks of the medical profession, and had received a regular medical education. Since the adoption of the code, this system has obtained a legal recognition. It has its societies, colleges, and journals. The homœopathic practitioners are an organized class, distinct from the regular profession. They are candidates for practice on the ground of a radical distinction in their therapeutical system, and it is on this ground that patients elect their services. Meanwhile, other systems in antagonism to the regular profession are comparatively insignificant as regards the number of practitioners and of patients.

It is fair to conclude that the framers of the code had no feeling of illiberality, and no intention to interfere with the practice of medicine, under any circumstances, in the cause of humanity. The code declares explicitly that "in consultations the good of the patient is the sole object in view," and enjoins against declining consultations on the score of fastidiousness. The restrictions of the code are in no wise inconsistent with the demands of humanity in cases of emergency. In saying that certain practitioners are not to be considered as regular or fit associates in consultation, it is neither said nor implied that a physician should not see a patient even with these practitioners when humanity requires him to do so. The tenor and spirit of the code throughout are opposed to any act of professional inhumanity. Moreover, in particular cases, the physician must be the judge of his duty in this regard. Practically, there need be no difficulty in deciding how to obey the dictates of humanity, and, at the same time, conform to the code, under the guidance of a conscientious regard for both. The objectionable point in the code is that which makes "a practice based on an exclusive dogma" the ground of a

refusal to meet practitioners in consultation. This is not a valid objection. Any physician has a right either to originate or adopt an exclusive dogma, however irrational or absurd it may be. Dogmas have prevailed more or less in the past history of medicine. If in a consultation there be lack of agreement respecting either diagnosis or treatment, the code indicates in another article precisely the course to be pursued. The true ground for refusing fellowship in consultations, as in other respects, is a name and an organization distinct from and opposed to the medical profession. Whenever practitioners assume a distinctive appellation, thereby assuming to represent an essentially distinct system of practice, taking an attitude of antagonism to the regular profession, seeking popular favor on the ground that they belong to a "new school" based on truth and productive of good, whereas the regular profession belong to an "old school" based on error and productive of harm—how can there be fellowship either in consultations or in other respects? If they who thus assume an attitude of antagonism to the medical profession conscientiously hold to the distinctive tenets which, as they profess, are the ground of their antagonism, how can they consistently desire to meet members of the latter in consultation, and, with opposing views of therapeutics, how could such consultations accomplish "the sole object in view," namely, "the good of the patient"? If, as is asserted, homœopathy has practically been abandoned by most of those who practice under this name, or so modified that the modes of treatment in cases of disease are not essentially different from those of the regular profession, why retain the separate organization and the name, which imply to the public a radical therapeutic distinction? If the assertion be true, the name and the organization being retained, professional fellowship is rendered thereby immoral on the ground of complicity in a fraud

upon the public. It is to be hoped that the body from which the code emanated—namely, the American Medical Association—will adopt such modifications in the phraseology of this section as will place restrictions on consultation, not on the ground of doctrines or forms of belief, but on separation from and avowed antagonism to the medical profession. Under no circumstances can there consistently be fellowship with any class of practitioners who adopt a distinctive title as a trade-mark, and who are banded in order to impair the confidence of the public in the medical profession.* To take the ground that, because the Legislature of a State has placed on an equal legal footing different classes of practitioners, those of one class can not refuse to consult with those of another class, is as absurd as to

* The action of the British Medical Association is in accordance with this view. The two following resolutions are quoted from a series adopted by that body:

"*Resolved*, That homœopathic practitioners, through the press, the platform, and the pulpit, have endeavored to heap contempt upon the practice of medicine and surgery, as followed by members of this association, and by the profession at large.

"*Resolved*, That for these reasons it is derogatory to the honor of members of this association to hold any kind of professional intercourse with homœopathic practitioners." — *Vide* "British Medical Journal," June 10, 1882.

In these resolutions the repudiation of homœopathic practitioners is based on their attitude toward the practice of medicine as followed by the profession at large, and not on the dogmas which they profess, although in another resolution the latter are characterized as "utterly opposed to science and common sense, as well as completely at variance with the experience of the medical profession." Another resolution is, "That there are three classes of practitioners who ought not to be members of this association [British Medical]: 1. Real homœopathic practitioners; 2. Those who practice homœopathy in combination with other systems of treatment; and 3. Those who under various pretences meet in consultation, or hold professional intercourse with those who practice homœopathy."

assert that a Jewish rabbi is bound to exchange pulpits with Christian ministers, or the latter to affiliate with Mormon elders for the reason that, in the eye of the law, in this country, all religious denominations have equal rights. The people demand of their legislators the enactment of laws for the protection of life, liberty, and property, but they do not look to them for the institution or the interpretation of codes of ethics. If homœopathic practitioners abandon the organization and the name, provided they have received a "regular medical education," there need be no restrictions on consultations other than those belonging to other portions of the code, whatever therapeutical doctrines they may hold.

There are many, not of the medical profession, who have been led to believe that its members are bound to uphold antiquated traditional doctrines. Many seem to think that the "old-school practitioners," as they are derisively called, are committed to a system of practice expressed by the term allopathy. All medical men know that, so far from these popular notions being true, they are quite the reverse of truth. The term allopathy originated with Hahnemann, and was intended to denote a doctrine the opposite to homœopathy. It is simply a term of reproach. It has no pertinency as applied to the medical profession. As is well known by all conversant with the history of medicine, doctrines and practice undergo changes in proportion to the advancement in the several branches of medical knowledge and accumulated experience. The tendency, certainly, within the last half century has been to adopt new views too readily, not heeding sufficiently the restraint of a rational conservatism. It is desirable that the public should understand that the medical profession is in no sense a sect, as implied by the name allopathy. It allows the utmost latitude of opinion. The sectarians in medicine are those who have professed faith in tenets to which they are bound, at

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least ostensibly, to adhere. Opinions held by members of the regular profession, however at variance with those generally entertained, and however absurd, may fairly give rise to criticism and ridicule, but they can not be made occasions for professional discipline. With a proper understanding of the reasons which actuate members of the medical profession in declining to meet irregular practitioners, their action can not be attributed to either jealousy or prejudice. Their action, indeed, may involve the sacrifice of personal interests, and it concerns the public welfare not less than the dignity and honor of the profession. Let the statement be repeated, until no longer necessary for the information of the public, that there are no allopathic practitioners of medicine. A regular member of the medical profession should never even tacitly admit the propriety of this designation. Let it be understood by the public, as well as by the profession, that there is no necessity for a schismatic separation from the regular profession on account of any peculiarity of doctrine. Such a separation is not from necessity, but for the purpose of obtaining practice. That it is successful for that end, observation shows. Why it is so is a question in psychology, the discussion of which would be out of place here.

SECTION 2. In consultations, no rivalship or jealousy should be indulged; candor, probity, and all due respect should be exercised toward the physician having charge of the case.

SECTION 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success as well as the blame of failure.

SECTION 10. A physician who is called upon to consult should observe the most honorable and scrupulous regard for

the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

These three sections of Article IV, although not occurring consecutively in the code, are here collocated because they contain ethical rules which have reference to the relations of consulting with attending physicians.

Reference may be made again to the popular errors concerning consultations which prevail to some extent among members of the medical profession. One of these errors is that a consultation, when requested by patients or their friends, implies, as a matter of course, dissatisfaction with the services of the physician in attendance. The request should never be considered in that light. Connected with this error is another, namely, that it is the office of a consulting physician to pronounce a judicial decision respecting the treatment which has been pursued, or which is being pursued, by the physician with whom he is requested to consult. This is not the office of a consulting physician. He should be reserved in forming an opinion as to past treatment, inasmuch as the case was not under his observation, and it would be unfair to judge of circumstances which he had not observed; hence, an opinion unfavorable to the past treatment, if indiscreetly formed and still more indiscreetly uttered to any but the attending physician, might do the latter great injustice. Whatever judgment he may form respecting the treatment which is being pursued, is for the physician in attendance, and for no one else. Still

another error is to assume that a physician in consultation has more knowledge or skill than the attending physician, and that, consequently, the latter is to be subordinate to the former in the management of a case. A consulting physician may or may not be the superior in knowledge or skill. Not infrequently a physician is called in consultation for the reason that he has given special attention to the disease from which the patient is suffering; but, exclusive of these instances, a consultation should by no means imply, as a matter of course, a superiority of the consulting physician. These errors, prevailing somewhat in the profession, have a much larger popular prevalence. It is owing to their prevalence that medical consultations are not more frequent. Patients and their friends often hesitate to propose a consultation from a desire not to imply want of confidence in the attending physician. The physician is often reluctant to propose it lest the proposal be considered as a confession of deficient self-confidence, or because he is distrustful of the one who is likely to be called in consultation, and who is, perhaps, his rival or competitor in practice. Let these errors in the profession and in the public mind be removed, and consultations will be much more frequent than they now are. So far as the physician is concerned, a consultation with those whom he can conscientiously meet on terms of fellowship, and in whose honor he can trust, is a source of much relief and comfort. Aside from any assistance which he may derive from it, the responsibility of the case is divided, and his hands are strengthened by the increased confidence of those most interested. Moreover, rightly conducted consultations tend to enhance popular regard for the medical profession; hence, it is much to be desired that the public should have correct ideas on this subject.

The true ground for a medical consultation is the bene-

fit which may be derived by bringing the judgment of two or more minds to bear upon a case. There are few things in human life which are generally considered more precious than health, and there are few calamities which, in the minds of most persons, it is more desirable to postpone than death. It is, therefore, a singular anomaly that conferences on matters of far less importance than those relating to health and life, such as business interests, politics, social life, etc., are more frequent than medical consultations. In cases of disease, these are frequently delayed until the condition of the patient is hopeless, and when no real benefit can possibly be derived from them. Not only should they be had earlier, but they should not be limited to cases in which there is more or less immediate danger. The fact that they are apt to be thus limited renders them a source of apprehension to patients, and, for this reason, they are sometimes delayed.

The public should understand it to be a point of honor with honorable members of the profession to hold everything which takes place in consultation as secret and confidential. It should be understood that it is improper to ask such questions of the attending physician as "What did the physician in consultation say?" "Did he make any change in the treatment?" etc.; or of the consulting physician, "Does the attending physician understand the case?" "Has he treated it properly?" etc. Sometimes friends of a patient, who are not members of the medical profession, wish to be present at a consultation. This is never allowable. As it may be a matter of delicacy for the attending physician to request them to retire, this should, if omitted by him, always be done by the physician in consultation. A consulting physician is placed in a most constrained situation if, as is sometimes done, the physician in attendance requests friends of the patient to be present. The request should not be acceded to. If the attending physician ask

of the consulting physician, in the presence of patients or friends, if there be agreement, the answer should be frank and positive. The consulting physician may sometimes make this statement of his own accord, but it is gratuitous, and may be offensive if made without any intimation of a want of confidence in the attending physician, or in an assuming, patronizing manner. Unless there be a difference of opinion, which is provided for in another section of this article of the code, an imperative duty of a consulting physician is to sustain and promote confidence in the attending physician. In this way, as well as by any suggestions which he may have made in relation to treatment, he contributes to the "good of the patient."

SECTION 3. In consultations, the attending physician should be the first to propose the necessary questions to the sick, after which the consulting physician should have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions* or *prognostications* should be delivered which are not the result of previous deliberation and concurrence.

SECTION 4. In consultations, the physician in attendance should deliver his opinion first; and, when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variation in the mode of treatment as any subsequent unexpected change in the character of the case may demand. But such variation and the reasons for it ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the

consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him at the next consultation.

SECTION 5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But, as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will, of course, see the patient and prescribe; but, if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing*, and *under seal*, to be delivered to his associate.

The above rules relate to etiquette in consultations, as distinct from ethics. Of less importance than the latter, they are, nevertheless, important. As it is an essential part of the office of a physician in consultation to co-operate in all regards with the physician in attendance, and to promote the confidence of the patient, he should take pains to treat the latter with becoming consideration and respect. The physician in consultation is supposed to be present at the instance of the physician in attendance; he should certainly decline to be present if not with the full consent of the latter. He is, in the first place, to listen to a recital of the history of the case by the attending physician. This may be given in the presence of the patient, or not, as the attending physician may deem advisable. Going into the sick-chamber, the attending physician should take precedence, and, if there be more than one physician in consulta-

tion, they should follow in the order in which they have been invited to consult in the case. Following this rule without any formal demonstrations will spare occasions for observers to remark how elaborately polite doctors are to each other in consultations. The attending physician should always be the first to approach the bedside and examine the patient, no matter how intimate may be the friendly relations of the latter to the physician in consultation. It is a gross breach of propriety for a physician in consultation to go to the bedside at once and proceed to an examination, as if there were no attending physician in the case. He is to await a request of the attending physician to examine the patient. His examination should, of course, be sufficiently extended, but not beyond the data requisite for forming his opinion. Asking superfluous or irrelevant questions and carrying the examination into needless details belong in the category of "those extraordinary attentions or assiduities which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals." On the other hand, a very cursory examination may give the impression that the consulting physician is able to see at a glance what the attending physician has failed to comprehend, perhaps after much painstaking investigation. Whatever may be the social relations of the consulting physician to the patient, it is but decorous that in the sick-room he should be reserved in both manner and conversation. It is a breach of propriety to be particularly demonstrative or loquacious. To the attending physician belongs the most prominent *rôle* in the sick-room, without regard to differences in age, experience, or position. Answers to questions by the patient or surrounding friends, addressed to the consulting physic an, prior to the consultation, as to the nature of the malady, the gravity of the case, etc., are to be courteously waived.

The attending physician in the consultation-room should have the opportunity of first stating his views concerning the case, if he have not done so already in the recital of the history. He may, however, desire to waive this privilege, and request the views of the consulting physician before stating his own. If he have full confidence in the honor of the physician whom he meets in consultation, he will be unreserved, stating frankly his difficulties and doubts, if he have had any, in the diagnosis and management of the case. The consulting physician, if he find occasion to differ in opinion, should always give due consideration to the fact that the attending physician has had a better opportunity for the study of the case than he can have at a single visit. Allowance is also to be made for changes which are liable to take place in the course of a disease. It is needless to say that any difference of opinion should be stated with respectful courtesy. It is his duty to state any difference of opinion, and he need not feel undue delicacy in so doing, knowing, as he should know, that the difference, if it be not irreconcilable as regards the bearing on the treatment, will never be mentioned by himself outside of the consultation-room. There is a good reason, when two or more consulting physicians are present, for the attending physician to call first for the views of the youngest, and afterward in the order of juniority. The reason is that the younger will be likely to express his views with more freedom before than after the views of his seniors have been expressed. Moreover, if there be difference of views, it is more decorous for the dissent to come from the older than from the younger of those in consultation. In the great majority of the instances in which there are differences in opinion they relate to points in pathology or etiology, and not to the diagnosis or treatment. There may be wide divergencies of opinion concerning the interpretation of the facts in a case, with

complete agreement in respect of the practical points. As regards the latter, in most of the instances in which different views are expressed, they relate to the means of accomplishing certain objects, there being unanimity as regards these. Consultations should not be unduly protracted; if so, patients or their friends are apt to imagine that there is either lack of agreement or some unusual obscurity in the case.

It is the office of the attending physician to communicate to patients or their friends the result of a consultation as regards the nature of the case, the prognosis, and the treatment. He may, however, prefer that this be done by a physician in consultation. If done by the attending physician, it is generally best for the consulting physician or physicians to be present; otherwise, suspicious minds may conjecture that the views of the latter have not been fully or correctly stated. It should be considered a matter of courtesy for the attending physician to ask the consulting physician or physicians if he have stated accurately the result of the consultation, and to invite questions addressed to the latter. Often patients or their friends are not satisfied without some conversation with physicians in consultation. The conversations, however, should always take place in the presence of the attending physician, except the latter desires it to be otherwise. If there exist that *entente cordiale* between the consulting and the attending physician which is desirable in consultations, the latter may request the former to converse with a patient or his friends by himself. Assurances and encouragement may in this way sometimes be more effectual than when given more formally by either when both are present. It should be considered as an insult, except that no improper reflection is intended, when the friends of a patient, after a consultation, seek a private interview with a consulting physician, in order to ascertain

whether he really entertained the views which he had expressed or to which he had ostensibly assented. A certain measure of resentment, as well as reserve, under such circumstances, tends to impress upon the public the ethical rule of secrecy as regards the details of medical consultations.

Unessential changes in the treatment of a case should not directly follow a consultation. Inasmuch as the fact that the changes are not essential is not likely to be appreciated, they are apt to be misinterpreted, to the prejudice of the attending physician. Whenever there is agreement as to the treatment which is being pursued, it should, of course, be continued. It should by no means be considered that, as a matter of course, other or additional therapeutical measures are to be suggested by a physician in consultation. A consulting physician sometimes has unmerited credit in consequence of some trivial modification of the treatment, which is attributed to him. Simple justice to the attending physician dictates great delicacy and circumspection in the suggestion of measures of treatment which are not of immediate importance. It is needless to add that suggestions made for the purpose of giving the impression of a change in treatment are in the highest degree dishonorable.

It may seem a small matter to enjoin punctuality in a code of ethics, but, in reality, the matter is of much importance. Failure to keep an appointment, or tardiness, in the first place, is apt to occasion annoyance to a patient, who may be awaiting the consultation with great anxiety. In the second place, the detention of the one who is punctual may upset all his arrangements for the remainder of the day. There are few engagements with reference to which a prompt fulfillment is of greater importance than medical consultations and other professional visits on the sick. It must, however, sometimes happen that the emer-

gencies of medical practice prevent the fulfillment of engagements. Whenever practicable, the parties interested should be seasonably notified of the inability to fulfill them. On the other hand, it is a breach of etiquette for a consulting physician to arrive at the house of a patient much before the time appointed for a consultation. This is not always easily avoided. If it so happen, he should invariably await the arrival of the attending physician without entering the sick-room; and he should decline to receive a history of the case until he can hear it from the lips of the physician in attendance. In observing these rules of etiquette, he avoids the suspicion of unprofessional conduct by taking a dishonorable advantage of the absence of the physician in charge. Here, as in other instances, the rules by which members of the medical profession are governed should be clearly stated, in order to endeavor to popularize them, and do away with the remark, so often made by those who are not members of the profession, to the effect that they are not acquainted with the requirements of medical etiquette.

How long shall a consulting physician wait for the arrival of an attending physician? The answer to this question will differ in different places. It is desirable that in each place there be some conventional rule in relation to the matter. In the city of New York, about fifteen minutes is considered to be a proper period. At the end of this period, the physician is to decide whether it is advisable to leave and arrange for another appointment, or to see the patient, and leave his views in a sealed note addressed to the attending physician. His decision must depend on the urgency of the case and other circumstances. In everything relating to rules of ethics and etiquette, the dictates of humanity are to be considered as paramount. Whenever the condition of a patient is such as to require immediate measures for relief, a consulting physician, in the ab-

sence of the attending physician, is to proceed as if the case were in his charge, giving an account of what he has done, either in a sealed note or subsequently by word of mouth, to the attending physician. It is superfluous to say that, under these circumstances, the character and the interests of the attending physician are to be carefully and tenderly considered.

SECTION 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen that two physicians can not agree in their views of the nature of a case and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But, in the event of its occurrence, a third physician should, if practicable, be called to act as umpire; and, if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But, as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

SECTION 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

The disagreement of doctors has long been proverbial. Without entering into any discussion of the grounds for

the popular impression that physicians are more apt to disagree than those engaged in other pursuits, it is certain that in medical consultations a diversity of opinions calling for the measures which are enjoined in the ethical code is extremely rare. The writer of these commentaries, during a long experience, has known of but very few instances. In the event of a diversity of opinion relating to the nature of the case and the treatment to be pursued, the "good of the patient" is generally better consulted by mutual concessions than by resorting to the measures just alluded to. The concessions should be mutual; that is, neither the attending nor the consulting physician has a right to expect that on his side nothing is to be conceded. The consulting physician is to consider that the attending physician has had the advantage of having observed the case from the commencement, and generally, also, of a better acquaintance with the previous history of the patient. On the other hand, it often happens that the attending physician is bound to recognize a larger experience on the side of the consulting physician, and, perhaps, the advantage of his having given special study to the disease from which the patient suffers. These are grounds for concession on either side. If, however, a diversity of opinion be so great as not to be reconciled by mutual concessions, to agree seemingly, but not in reality, would plainly be in violation of truth and justice. The measures inculcated by the code, under these circumstances, must commend themselves as proper, in view of the feelings and interests of all concerned.

Whether consultations are to be repeated or not, and how frequently they are to be repeated, should be determined by the circumstances in particular cases. When desired by patients or their friends, it is unwise for the physician in charge to oppose their repetition on the ground that they are not necessary. Whether necessary or not, patients

or their friends are entitled to have their wishes gratified in this regard, especially if the additional expense be understood. If their wishes be thwarted by the physician in charge, he may afterward have occasion for regrets. The consulting physician has his rights in this matter, inasmuch as he has assumed a part of the responsibility of the case. It is not, therefore, improper for him, in certain cases, to request additional consultations. On the other hand, he may be invited to repeat the consultation merely as an expression of politeness or respect, and it may be becoming in him to say that he considers a repetition unnecessary. In general, the propriety of the rule respecting "unsolicited attendance" is sufficiently obvious. The exceptional instances are those in which the consulting physician feels unwilling to assume a share of the responsibility without further observation, and those in which he has reason to believe that the limited means of the patient constitute the sole ground for not soliciting a continuance of his services.

There are some points relating to the ethics and etiquette of consultations which are not touched upon in the code. One of these is the duty of a consulting physician who may be asked to take the place of the attending physician in a case while it is in progress. It may happen that there is dissatisfaction with the services of the attending physician, of which the consulting physician may not have been aware, and it is proposed that the former relinquish the case into the hands of the latter. This transfer of a case is justifiable on but one ground—namely, that it is in accordance with the wishes of the attending physician. The consulting physician should satisfy himself on this score. It is not enough that the attending physician consent. He will, of course, do so if requested. If not in accordance

with his wishes, the transfer should be positively declined by the consulting physician.

Another point relates to subsequent attendance by the consulting physician. After a case is ended, in another illness the patient may request his services as an attending physician. There may be exceptional instances, but, as a rule, such a request should be declined. If acceded to, it should be after a full understanding with the physician previously in attendance. This and the preceding rule are essential in order that consultations may be held without risk of injury to the feelings and interests of attending physicians. A physician in consultation, if actuated by proper delicacy and a sense of honor, will, of course, sedulously guard against the possibility of his services being preferred to those of the attending physician.

Another point may be referred to. It sometimes happens that a change of an attending physician is made while another physician is associated in consultation. Shall the latter remain in consultation with the successor of the former? As a rule, certainly not. If the change has been made on account of dissatisfaction with the medical treatment, the consulting physician is as responsible for this as the attending physician, and he should decline to remain in consultation. If other reasons have led to the change, there are obligations of courtesy which are not to be ignored. There should be a full understanding with the attending physician who is superseded. The "good of the patient" is, of course, a primary consideration. The action must be determined by the circumstances proper to each case.

There may be circumstances which should properly lead a consulting physician to decline further association with an attending physician, although no disagreement in consultation had occurred. If the attending physician fail to carry out measures agreed upon, either intentionally or from in-

efficiency, it is not just for the consulting physician to be held to an equal responsibility in the case. It is the duty of an attending physician to carry out faithfully the course of treatment decided upon, and, if he persistently fail in so doing, the consulting physician is justified in declining to be longer associated with him.

ART. V.—*Duties of Physicians in Cases of Interference.*

SECTION 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

SECTION 2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made —no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

SECTION 3. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances; and, when they are made, no particular inquiries should be instituted relative to the nature of the disease or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

SECTION 4. A physician ought not to take charge of or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances, no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justi-

fied as far as candor and regard for truth and probity will permit; for it often happens that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

SECTION 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

SECTION 6. It often happens in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, who should select from those present any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

SECTION 7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

[The expression, "patient of another practitioner," is understood to mean a patient who may have been under the charge of another practitioner at the time of the attack of sickness, or departure from home of the latter, or who may have called for his attendance during his absence or sickness, or in any other manner given it to be understood that he regarded the said physician as his regular medical attendant.]

SECTION 8. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no further than is absolutely necessary with the general plan of treatment; to assume

no future direction, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

SECTION 10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

The foregoing sections of the code embrace points in ethics and etiquette the propriety and importance of which no member of the medical profession will undertake to deny. Their observance is essential to the harmony, good fellowship, and mutual co-operation of practitioners of medicine, thereby contributing to the honorable character of the profession, to public confidence in regard to it, and to its usefulness in the cause of humanity. The question, however, may be raised, Is it necessary to embody these points in ethics and etiquette in formal rules; that is, would not physicians regulate their conduct equally well without the latter? The affirmative answer to this question would imply that all those admitted to the ranks of the medical profession found "their expectations of practice upon the extent of their qualifications, and not on intrigue or artifice." No one will venture to claim for all members of the profession that purity and high moral tone which are implied in the affirmative answer to the question. It must be admitted that these rules are not infrequently violated. Does it follow that the rules are useless? Certainly not. The fact only proves that knowledge of rules does not always secure their observance. This is true, not alone in medical ethics, but in theology, law, and every department of morals. That prescribed rules of medical ethics influence more or less the conduct of physicians can not be doubted. This is true as regards other duties, else, wherefore the propriety of such

rules applied, not only to the higher moral relations of human life, but to those of minor importance, and even the trivialities of social intercourse. To do away with ethical rules for the reason that they are not always observed would be in opposition to human experience and conducive to anarchy. Prescribed rules of conduct are of use by giving distinctness and force to popular sentiment. Moreover, the knowledge of rules affects the conduct of those who, not devoid of rectitude, pursue the wrong because they do not know the right. Rules thus tend to nullify the temptations and the specious pleadings of apparent self-interest.

It has been argued for the inutility of rules in medical ethics, that penalties for their non-observance are with difficulty instituted and enforced. This argument is as illogical as in its application to all other moral duties. It is a feature of the code of medical ethics that it takes no cognizance of penalties for violations of its requirements. It appeals solely to the judgment and conscience. Measures for the enforcement of its rules are left entirely to the discretion of local associations. These measures admit of discussion and differences of opinion. They may be injudicious in respect of undue laxity on the one hand, and, on the other hand, of over-strictness. In either case, the propriety and the importance of the rules remain unaffected. Whether violations of ethical rules shall be silently passed by, or occasion only personal expostulation, or be met by the tacit disapprobation of professional brethren, and under what circumstances they call for disciplinary measures, together with the forms of discipline called for in particular cases, are questions the consideration of which does not fall within the scope of these commentaries.

Reference has repeatedly been made in the course of these commentaries to the importance of popularizing knowledge of medical ethics and etiquette. This is espe-

cially desirable with respect to the "duties of physicians in cases of interference." Recognizing the propriety of the rules laid down in the code, knowledge of them would lead to co-operation on the part of the public in securing their observance. It is a common impression that, intrinsically, the ethical rules have no binding force; that they are restrictive without regard to individual rights and the claims of humanity. The observance of rules of etiquette is regarded as a frivolous formality. Let the rules of ethics and etiquette be understood by those without, as well as by those within, the profession, and deliberate violations of professional duty and propriety will be likely to fail in their objects. Public opinion will concur to render disreputable those who are guilty of unprofessional conduct.

SECTION 9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with which might justly be claimed.

For two reasons this section of the code has a limited application. In the first place, the number of wealthy physicians is small; in the second place, most physicians who are wealthy are as willing to accept fees as they who are in moderate circumstances. The rule was doubtless intended to apply to instances in which a wealthy physician gives out, or has it understood, that his services are free to those who can afford proper remuneration as well as to the poor. The intent could not have been to enjoin it as a duty to receive fees in every instance from the affluent. There are circumstances under which, from delicacy or other motives, physicians are unwilling to be paid for their services, irrespective of the pecuniary ability of the patient. No one has a right to judge of these circumstances but the physician

himself. Offenses against the intent of this rule must be extremely rare. As a measure of policy, with a view to obtain and retain practice, it would not be likely to succeed. With some exceptions, patients able to pay for medical services would not consent to continue long to receive them gratuitously. As an illustration, a medical friend of the writer, whose practice was largely among the affluent, kept no regular books, and sent no bills for fifteen years. The explanation which he gave was that he did not need any income from his practice, and he was too indifferent thereto to incur the trouble of making charges and collecting accounts. As a result, the greater part of his patients left him, preferring the services of those whose practice was on a business basis.

Persons who have relinquished medicine for other pursuits, and those who have pursued a partial course of medical study, are sometimes fond of playing the part of a *dilettante* practitioner. Except in cases of emergency, this is an impropriety which does injustice to the medical profession, to say nothing of the risk of injury to patients. An illustration of this risk, at the time of writing these remarks, has fallen under the writer's notice. An English clergyman, who had given some attention to the study of medicine as an amateur, was arrested and committed for trial on the charge of having caused the death of a young girl by administering oil of bitter almonds. There was no evil intent in giving the remedy, but, from ignorance, it was given in a poisonous dose. The counsel of the accused admitted the case to be one of "homicidal misadventure." The London "Lancet" concludes a notice of the case by saying: "We may hope that Rev. Mr. T.'s ample admissions and benevolent career will simplify and shorten a trial which, however, ought to serve as a warning to clergymen to remember that the weapons of their warfare are not medical."

Complaint is often made of the injustice done by dispensaries and clinics on the same ground as that of gratuitous advice to the affluent. The complaint is a valid one, in so far as these institutions furnish gratuitously medical and surgical aid to those who have no right to assume the claims of poverty. It is difficult in the administration of medical charities to escape imposition. To do so, as far as practicable, is plainly a duty, not alone to the medical profession, but to those by whom the charities are maintained, and to those for whose relief they are instituted.

ART. VI.—*Of Differences between Physicians.*

SECTION 1. Diversity of opinion and opposition of interest may, in the medical as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and can not be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a *court-medical*, or, where both parties are members of the medical society of their county, to the censors.

SECTION 2. As peculiar reserve must be maintained by physicians toward the public in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which can not be understood or appreciated by general society, neither the subject-matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

"A doctors' quarrel" is an expression often made use of in a way to imply an event of common occurrence. It may be affirmed that doctors are not more given to quarreling than those engaged in other pursuits. Indeed, the mental influence of their professional duties is in an opposite direction. The occasions, however, of controversy and

contention among medical men are apt to be not understood and appreciated by others. This is implied in the often-repeated saying, "Who shall decide when doctors disagree." Hence it is that the controversies and contentions of physicians are regarded as denoting a quarrelsome tendency.

Contentions among physicians for the most part are brought about by gossiping busybodies and go-betweens. Some persons seem to think that they can not compliment a physician more highly than by disparaging his competitors. Certain of his friends are not content with the ordinary manifestations of friendship, but they feel it incumbent upon them to depreciate as much as possible the merits of others. His partisans seek to draw from him expressions derogatory to the character or practice of the practitioners to whom they are opposed. His words are misinterpreted, and his silence may be misconstrued. Tale-bearers are ready to carry offensive reports to those to whom they refer. Resentment and retorts naturally follow. Thus it is that they who should be brethren are at sword-points. Now, generally this result might be prevented by a very simple procedure. Let any one who is led to impute a grievance to another practitioner at once seek an explanation in a spirit of kindness and charity. The result will be, in nine cases out of ten, that either the imputation is without foundation, or a satisfactory apology will be obtained. Such an explanation may tend to produce mutual confidence and cement friendships.

Harmony among physicians is most desirable, not alone for the comfort of those concerned, but as conducive to the honor and usefulness of the medical profession. It is essential to co-operation in medical consultations, in measures for public health, etc. For the maintenance of harmonious relations, local associations are important. In places of small

or moderate size, these associations should embrace all the members of the profession of the community who are in good standing. In this way are avoided the evils of cliques, which are to be deprecated. The local associations should have more or less of a social character. They afford opportunities for intimate acquaintance, for the explanation of misunderstandings and for their prompt adjustment. Observation will show that, in the places in which such associations exist, much more harmony and good fellowship prevail than in the places in which physicians are not brought together in social intercourse. Controversies and contentions, however, can not always be avoided. They will be terminated with the more difficulty the longer they continue. The code of ethics, therefore, judiciously instructs that, if not terminated *immediately*, they are to be adjusted by arbitration. The method to be preferred is for the parties to select disinterested and unprejudiced persons as arbitrators, having previously agreed to abide by their decisions. In this way publicity may be avoided. But, if a supposed grievance involve a question of flagrant unprofessional conduct, there may be no alternative beyond a formal complaint to and an adjudication by an organized society, embracing among its powers regulations for investigation and discipline in such cases. The code instructs that the *censors* of a county society are to adjudicate. This, evidently, should be left to the action of the society, which may refer these matters to a special committee on ethics, or to committees appointed for the purpose in particular cases. Here, as elsewhere, the code takes no cognizance of the modes of discipline. Each society may determine these without regard to the action of other societies. The reasons for secrecy as regards the subject-matter of the adjudication of differences among physicians are succinctly but amply set forth in the code. Secrecy, however, can hardly

be expected when expulsion from societies and exclusion from professional fellowship are the penalties inflicted. Nor, with a view to a salutary moral effect, would secrecy, under these circumstances, be desirable, were it practicable.

ART. VII.—*Of Pecuniary Acknowledgments.*

Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

By no process of distortion can this article of the code be made to inculcate a combination, after the manner of trades-unions, to establish and enforce a certain rate of wages for medical services. The article applies fully as much to exorbitant as to inadequate pecuniary acknowledgments. It is plainly important, for the convenience of patients, as well as of physicians, that in every community there should be an understanding as to the customary fees for the different kinds of service which medical men are expected to render. It would be extremely incongruous in ordinary practice for the physician, before giving advice or making a professional visit, to state the amount of compensation which he will require, although, in certain cases, to do so is not only proper but advisable; nor, as a rule, should patients be expected, whenever a physician is summoned, to inquire respecting his fee, albeit, under certain circumstances, this is both decorous and desirable. Exclusive of exceptional instances, which will be presently referred to, the adoption of some general rules, and their recognition within and without the profession, obviate the necessity of questions, explanations, and discussions, which are often embarrassing and disagreeable.

The poor policy of under-bidding other physicians, for

the sake of gaining practice, would probably deter those from pursuing it who might be so inclined. The adage, "dear at any price," would be applicable to physicians relying on this policy. This is well understood by the public. Few patients are disposed to select a medical adviser because he places a low pecuniary valuation on his services. Necessity alone would dictate a choice on this ground; and it is rarely the case that inability to pay the customary fees prevents patients from having the services of those whom they prefer. The code by no means interdicts deviations from the general rules according to varying circumstances. It is to the honor of the profession that the instances are few in which efforts for the relief of suffering and the preservation of life are withheld on account of inability to make an adequate pecuniary acknowledgment. The circumstances which lead physicians from sympathy to deviate from the general rules are often not apparent to others. Few persons outside of the medical profession are aware of the extent to which the services of its members are freely rendered, with but little or no compensation; hence, one reason for an exaggerated estimate of the incomes of those largely engaged in practice, and for the fact that the majority of practitioners, after a long professional career, leave but little property. The physician, from his intimate relations with his patients, comes to know often their limited resources, of which, perhaps, others are ignorant; how can he add to their embarrassment and anxiety by exacting full payment for his services? A considerable proportion of those to whom these services are gratuitously rendered do not come to him *in forma pauperis*, but silently appeal to his benevolence. While it can not be assumed as a principle that the remuneration received from the affluent should be sufficient to compensate for services to those unable to make pecuniary acknowledgments, the fact that these

services are rendered in the cause of humanity should be considered as a reason for the ready and cheerful payment of fees by patients who have no claims on the charity of the profession.

A demand for exorbitant fees is not in accordance with this article of the code. When based on an assumption of extraordinary knowledge or skill, it is an imposition, and it is, of course, fraudulent if services have been falsified. An exorbitant fee can not be claimed on the score of the wealth of a patient. Such a patient may add to the fee an *honorarium* which, considering the services rendered by a physician to those unable to make pecuniary acknowledgments, may be accepted without compromising self-respect. Extraordinary services rightfully claim deviations from the general rules in respect of fees. Detentions or constant attendance, involving sacrifice of interests, unusual fatigue, or impairment of comfort, and visits requiring traveling and absence from home, are in this category. No one but the physician himself can place a valuation on such services, and it is his right to do this, provided there be an understanding before the services are rendered. If the expense of certain services be stated beforehand, patients or their friends can have no occasion for complaint, and thereby the risk of unpleasant feelings, and, it may be, a suit at law, will be avoided.

Inasmuch as it is the custom in this country, after medical services have been rendered, either for the patient to request to know the amount of indebtedness, or, if not requested, for a bill to be presented, it is unbecoming to leave the amount of pecuniary compensation to be determined by the party who has received the services. It is to be assumed that the services have a certain valuation, varying, of course, according to circumstances in particular cases. To decline to fix on any valuation, provided patients be affluent, is virtually

to appeal to their generosity, and this is certainly undignified. If the valuation by patients be higher than that of the physician, the difference is easily made up by an honorarium. The exceptions to the rule that the physician should determine the value of his services are in some instances in which the pecuniary resources of the patients are either unknown or known to be limited. For a physician to keep no account of medical services, relying on the voluntary contributions of his patients for his support, is not only unseemly, but derogatory to the profession. Medical as well as other services are entitled to compensation, whenever they are not charitably bestowed, and it is disreputable to place pecuniary acknowledgments in the light of a gratuity.

CHAPTER III.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ART. I.—*Duties of the Profession to the Public.*

SECTION 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions—in relation to the medical police of towns, as drainage, ventilation, etc.—and in regard to measures for the prevention of epidemic and contagious diseases; and, when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

SECTION 2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice on subjects strictly medical—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of medical jurisprudence. But in these cases, and especially where they are required to make a post-mortem examination, it is just, in consequence of the time, labor, and skill required, and the

responsibility and risk they incur, that the public should award them a proper honorarium.

SECTION 3. There is no profession by the members of which eleemosynary services are more liberally dispensed than by the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain of the public duties referred to in the first section of this article, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances such professional services should always be cheerfully and freely accorded.

Laudation of the medical profession by physicians for the public may not always be consistent with a proper degree of modesty, but laudation of the profession for its members is not only admissible, but it has a salutary influence. The more physicians are led to regard medicine in its humane and noble aspects, the more they are reconciled to its hardships, and the more they are incited to do all in their power to maintain its character and usefulness. The feeling that honor is reflected by membership of a profession which professes to be governed by the code of medical ethics conduces to a high moral tone, and it is in this way that the code is of great service. It is a beautiful feature of the code that it aims solely at the influence of its ethical rules on the mind, irrespective of any penalties. It is based on the principle that moral rectitude is promoted more by fostering upright sentiments than by the punishment of offenses.

Comments on the duties of physicians, as good citizens, to the public may fairly furnish an occasion for laudatory reflections. In all measures relating to the health and welfare of communities, physicians have been foremost. They have always been found ready to devote knowledge, time, and efforts to these objects. Most medical associations are formed in great part for the purpose of considering and carrying out measures for the promotion of public health. "The American Public Health Association," which was formed in 1872, has for its sole objects "the advancement of sanitary science and the promotion of organizations and measures for the practical application of public hygiene." Members of this association, from all the States of the Union, are, for the most part, medical men. They attend annual meetings, prepare papers which are published in an annual volume of Transactions, and contribute funds for all the expenses of the association. Voluntary local associations, sustained by the medical profession, for the same objects, exist in different parts of the Union. There are not a few medical men in this country whose professional labors are devoted especially, or chiefly, to sanitary science or hygiene, with no expectation of compensation except the satisfaction of having contributed to the promotion of public health or the welfare of the communities in which they live. May we not claim that for these things the medical profession is deserving of praise?

In claiming for the profession praise for the performance of duties to the public, it is not intended in the least to depreciate the binding force of these duties as such. They are so recognized. Within late years, to the study of sanitary science and hygiene has been allotted a distinct department of medicine. Preventive medicine, as this department is called, now holds a prominent place in medical literature, as well as in the labors of medical men. Recent

developments in etiology have already led to most important results as regards the prevention of diseases, and there is reason to believe that these developments are the earnest of those still more important. Few, if any, of those who have given attention to the subject will doubt that in the medicine of the future more is to be expected from the application of knowledge to prophylaxis than to therapeutics. It is needless to add that physicians are morally bound to become acquainted with important facts and laws relating to sanitary science and hygiene as they are developed, in order thereby to be able to fulfill properly their duties to the public. They who are engaged in investigations relating to etiology and pathology are bound to consider and follow out, as far as practicable, the bearings of these on the health and welfare of communities.

It may be said, in the way of laudation, that there are very few instances in which members of the medical profession desert the post of duty in consequence of the danger which may be therewith connected. They generally "face the danger," whether it be on the field of battle or when a pestilence prevails. The profession is entitled to whatever of praise belongs to courage in the performance of professional duty, albeit the courage has no recompense beyond the satisfaction of having followed the dictates of duty. The physicians' roll of honor is the list of those who have died in the performance of professional duty. The history of every epidemic disease furnishes such a list. The risk of life was simply a duty, but who will refuse to accord to it nobleness? Who would remove from the code that portion which enjoins upon physicians that, when pestilence prevails, "it is their duty to face the danger, and to continue their labor for the alleviation of the suffering, even at the jeopardy of their own lives"?

A broad distinction, in respect of pecuniary acknowledg-

ments, exists between the duties which every physician owes to the public in behalf of matters embraced in preventive medicine and the duties connected with the legal administration of justice. Whenever called upon by legally constituted authorities to give advice or expert testimony at coroners' inquests or in courts of justice, in relation to medical questions, physicians should be paid for their services. In view of the services rendered to the public without compensation, for those just referred to there should be adequate pecuniary acknowledgments. Investigations in cases of supposed insanity, of homicide by poisons or other means, etc., and post-mortem examinations, made under instruction by authorities, claim ample remuneration. There is no good reason for physicians being expected to perform these duties gratuitously. Much injustice is often done to the medical profession in regard to these duties. Physicians should not fail, from a false sense of delicacy, to assert their rights in this regard, and they should endeavor to lead the public to recognize the propriety of so doing.

The foregoing remarks concerning those duties to the public for which physicians should receive adequate remuneration will apply equally to certain professional services rendered to institutions and to individuals. These services are referred to in the third section of the article of the code which relates to the duties of the profession to the public. That these services should be rendered gratuitously seems to be expected, because those which are purely eleemosynary are recognized as such by the profession. Now, this is a good reason for not rendering the services without payment. They are in no sense eleemosynary in their character. It should be generally understood by members of the profession, as well as by the public, that they are to receive pecuniary acknowledgment. A reform in this regard would be of not a little importance to physicians,

and the burden on the public would be light. The qualification relating to individuals in indigent circumstances divests the rule of any objection on the score of liberality, and is in accordance with the spirit of beneficence which pervades the entire Code of Ethics.

SECTION 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health, and even destruction of life, caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence which they may possess, as professors in colleges of pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

Empiricism, in the popular sense of this term—in other words, charlatanry or quackery—has hitherto abounded, and will, doubtless, continue to abound. Its success, depending, as it does, on a peculiarity of certain mental constitutions, is the same at the present time as in the past, and as it will be in the future. The forms of empiricism change with different periods, but the underlying credulity remains unchanged. This credulity has no necessary connection with intellectual endowments, special talents, or extensive acquirements in other branches of knowledge than medicine. Hence, the judgment of those distinguished in law, art, theology, letters, or in business operations, is of no more, and, indeed, of less value than that of persons having good common sense in the middle walk of life.

To enlighten the public on subjects which may be embraced under the name popular medical delusions is not easy. There are difficulties not readily overcome. In the

first place, persons fall into these delusions from an intrinsic proclivity thereto, and not as a result of investigation or a logical process of reasoning. Arguments, however cogent, and evidence, however strong, are, therefore, often of no avail. In the second place, efforts to enlighten the public on these subjects by physicians are met by a belief that they are prejudiced and interested parties. In the third place, whenever one has committed himself to an empirical doctrine or system of practice, the feelings of egotism and pride are powerful obstacles in the way to a conviction of error. The mind strives to find support in the opinions which have been adopted, and resists proof against their validity. Hence, in order to gain strength thereby in their opinions, they endeavor to make proselytes. For those who are open to a fair consideration of these subjects, it would seem that the following points should be conclusive: It can hardly be denied that educated medical men are the most competent to form correct judgments concerning questions which relate to etiology, pathology, and therapeutics. If there be truth in any assumed discovery or improvement in these branches of knowledge, it is plainly for the interest of medical men to adopt them. Sooner or later physicians must accept real discoveries or improvements. Is it not, therefore, the safest policy to be governed by the verdict of the medical profession?

The position taken by the medical profession in regard to secret remedies is not generally understood by the public. It is simply this: If these remedies be really valuable, they should be made known for the benefit of all mankind. They should not be kept secret or patented for personal gain. There should be no mystery connected with them. Surely this position is disinterested, and in accordance with the dictates of humanity. The action advised by the code in regard to druggists and apothecaries who

prepare or vend secret nostrums is one which it would be well for physicians to adhere to more strictly than is usually done—namely, to discriminate, in sending their prescriptions, in favor of the shops which have nothing to do with these nostrums. In this way their sale can be discouraged, and something accomplished toward directing the attention of the public to the subject from a proper point of view.

Within late years a custom has arisen and become largely prevalent among pharmaceutists which should be discountenanced by the medical profession. Reference is had to the diversity of medicinal preparations compounded of different drugs, and extensively advertised for the use of physicians and the public. These are now known as "proprietary medicines." A legal right of proprietorship is secured and held by vending them under a trade-mark. The custom is objectionable for several reasons. It encourages a popular use of drugs without medical advice. The use of these medicinal compounds interferes with combinations by physicians in adaptation to indications in individual cases of disease. Their use interferes with accurate observations of the effects of particular drugs. Finally, there can be no guarantee that the preparations are what they purport to be. As a rule, the best policy with reference to the welfare of patients and to experience in therapeutics is to prescribe potential remedies separately, rather than in combination, and, when prescribed in combination, to give preference to officinal preparations. It is not denied that some of the so-called proprietary remedies are useful, and it is not intended by these remarks to imply that new remedies are not to be properly tested by clinical observations. There is a manifest impropriety in giving certificates recommending any of the multitudinous pharmaceutic compounds with which the country is flooded. If a

physician have beenled by his experience to form a favorable opinion of any one of these, or of a new remedy, the proper channels of communication with the profession are through the medium of medical books or journals. Communication with the public by certificates or articles in newspapers is in violation of the Code of Ethics.

ART. II.—*Obligations of the Public to Physicians.*

SECTION 1. The benefits accruing to the public, directly and indirectly, from the active and unwearied beneficence of the profession, are so numerous and important that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumptions of ignorance and empiricism—to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statute-books to exhibit the anomaly of exacting knowledge from physicians, under a liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

The claims of the medical profession to the consideration and respect of the community have been already commented on sufficiently in connection with other portions of the Code of Ethics. A just appreciation of medical qualifications by the public is desirable as an incentive to members of the profession to aim at these, and as a reward for their possession. In these points of view, it is discouraging to the votaries of true science for the assumptions of ignorance and empiricism to be successful in obtaining popular distinction. The public can not be expected always to judge correctly between real qualifications and false assumptions. True distinction in medicine, therefore, must be based on the opinions of unbiased medical men.

The apathy and indifference on the part of the public to

medical education is a singular incongruity, in view of the immense importance of well-educated physicians to every community. The interests of medical education are left almost wholly to physicians, whereas these interests concern the public vastly more than the medical profession. If the public could be made to see this subject in a proper light, there would be no lack of accommodations, provisions, and appliances for all the departments of medical instruction. The last sentence of the Code of Ethics refers especially to the absence of legal enactments in behalf of the practical study of anatomy. Since the adoption of the code in 1847, much has been accomplished, chiefly by the efforts of physicians, in the legalization of this study and the provisions for obtaining subjects for dissection. In many parts of the Union, however, much is yet to be accomplished. Let the public consider that, if adequate laws be enacted, there will be no occasion for occurrences which naturally and properly shock the feelings of a community. Let it also be considered that the public welfare is promoted by affording all proper facilities for clinical study and teaching, by encouraging pathological investigations, by refusing sympathy with the pseudo-humanitarians who would interdict experimental researches upon the lower animals, and by bestowing honorable distinction on those who are justly deserving of it. The public welfare is promoted just in proportion as thereby medical science is advanced and medical education improved. The time will come when not only public authorities will appreciate the importance of co-operating with the medical profession in behalf of the interests of medical science and education, but private munificence will take this direction. For the cause of humanity, as well as the honor of the profession, a full recognition of the obligations of the public to physicians is a "consummation devoutly to be wished."

Concluding Remarks.

The proposal to write commentaries on our National Code of Ethics may have conveyed to the minds of many an idea of presumption. The writer of the foregoing commentaries indulges the hope that their perusal has not sustained this idea, inasmuch as he has not ventured to take issue with the code on any important point except one—namely, the ground for refusing medical consultations. Nor has he assumed to be an expounder of the code, but only to supplement comments in conformity with the spirit which pervades it. In fact, a leading motive has been to excite the attention of medical, and, perhaps, also, to some extent, non-medical readers, to the code itself. There are many members of the medical profession who have never read the code with that degree of interest which it claims, and there are some who have never read it. These assertions are based on information obtained by personal inquiries. It is safe to say of the public that not one in a thousand knows anything of its character and provisions. If the publication of the code in connection with the commentaries may lead in any measure to the diffusion of a better knowledge of it, the writer would have the gratification of feeling that he had done a good work. When it is considered that this ethical code was adopted by the American Medical Association thirty-six years ago without a dissenting voice, that it has remained without any alteration by the association up to the present time, and that it has been accepted without any modification by every medical organization which has adopted any code throughout our country, how can any one doubt that it must be remarkably free from objectionable features! Were it otherwise, such an extraordinary unanimity of approval for so long a period

would have been impossible. But the code in itself affords the best evidence of its intrinsic excellence. It is a collection of ethical principles and rules which can not but commend themselves to the approbation of every one. Their excellence has never been questioned. No one can doubt that complete conformity to them would secure for the medical profession, in the highest degree, purity, humanity, and universal respect.

The writer is not one of those who apparently have a fondness for disparaging the medical profession of this country. He believes that a large proportion of the members of the profession are desirous of conforming to the Code of Ethics. He believes, moreover, that, from the standpoint of the observance of medical ethics, the profession of America will compare favorably with that of any other country. If this view be correct, much is to be attributed to the influence of our national code, and it is a rational conclusion that this influence will be increased by a more general knowledge of its teachings and requirements. For this end, knowledge of the code should be made a part of medical education. Schools of medicine should not assume that, as a matter of course, graduates will make themselves acquainted with it. It should be brought to the attention of medical students, and its precepts inculcated by their teachers. Conformity to it should be embraced in the obligations formally acknowledged when the doctorate is conferred. Recent events, which are now to be referred to, will, it is hoped, be ultimately productive of good by directing greater attention to the code, and enhancing its importance in the minds of the profession.

The New York State Medical Society, at its annual meeting in February, 1882, adopted, as a substitute for the National Code of Ethics, the following:

CODE OF MEDICAL ETHICS.

I. The Relations of Physicians to the Public.
II. Rules governing Consultations.
III. The Relations of Physicians to Each Other.

I.—*The Relations of Physicians to the Public.*

It is derogatory to the dignity and interests of the profession for physicians to resort to public advertisements, private cards, or handbills, inviting the attention of individuals affected with particular diseases, publicly offering advice and medicine to the poor without charge, or promising radical cures; or to publish cases or operations in the daily prints, or to suffer such publications to be made; or, through the medium of reporters or interviewers or otherwise, permit their opinions on medical and surgical questions to appear in the newspapers; to invite laymen to be present at operations; to boast of cures and remedies; to adduce certificates of skill and success, or to perform other similar acts.

It is equally derogatory to professional character, and opposed to the interests of the profession, for a physician to hold a patent for any surgical instrument or medicine, or to prescribe a secret nostrum, whether the invention or discovery or exclusive property of himself or others.

It is also reprehensible for physicians to give certificates attesting the efficacy of patented medical or surgical appliances, or of patented, copyrighted, or secret medicines, or of proprietary drugs, medicines, wines, mineral waters, health resorts, etc.

II.—*Rules governing Consultations.*

Members of the Medical Society of the State of New York, and of the medical societies in affiliation therewith, may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity.

To promote the interests of the medical profession and of the sick, the following rules should be observed in conducting consultations:

The examination of the patient by the consulting physician should be made in the presence of the attending physician, and during such examination no discussion should take place, nor any remarks as to diagnosis or treatment be made. When the examination is completed, the physicians should retire to a room by themselves, and, after a statement by the attending physician of the history of the case and of his views of its diagnosis and treatment, each of the consulting physicians, beginning with the youngest, should deliver his opinion. If they arrive at an agreement, it will be the duty of the attending physician to announce the result to the patient, or to some responsible member of the family, and to carry out the plan of treatment agreed upon.

If in the consultation there is found to be an essential difference of opinion as to diagnosis or treatment, the case should be presented to the patient, or some responsible member of the family, as plainly as possible, to make such choice, or pursue such course as may be thought best.

In case of acute, dangerous, or obscure illness, the consulting physician should continue his visits at such intervals as may be deemed necessary by the patient or his friends, by him, or by the attending physician.

The utmost punctuality should be observed in the visits of physicians when they are to hold consultations, but, as professional engagements may interfere or delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will, of course, see the patient and prescribe; but, if it be the consulting physician, he should retire, except in an emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in writing, and under seal, to be delivered to his associate.

III.—*The Relations of Physicians to Each Other.*

All practitioners of medicine, their wives, and their children while under paternal care, are entitled to the gratuitous services

of any one or more of the faculty residing near them, whose assistance may be desired.

Gratuitous attendance can not, however, be expected from physicians called from a distance, nor need it be deemed obligatory when opposed by both the circumstances and the preferences of the patient.

The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed may require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interests and character of the family physician, and, when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quesof pleasure and amusement, he can not be considered as entitled to the advantages of the frequent and long-continued exertcise of this fraternal courtesy without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety, and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

Diversity of opinion and opposition of interest may, in the medical as in other professions, occasion controversy, and even contention. Whenever such cases unfortunately occur, and can not be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians before appealing to a medical society, or the law, for settlement.

If medical controversies are brought before the public in newspapers or pamphlets by contending medical writers, and give rise to or contain asssertions or insinuations injurious to the personal character or professional qualifications of the parties, the effect is to lower in the estimation of the public not only the parties directly involved, but also the medical profession as a whole. Such publications should, therefore, be brought to the

notice of the county societies having jurisdiction, and discipline inflicted, as the case may seem to require.

In justice to the medical profession of the State of New York, the number of votes by which the foregoing "new code," as it is called, was substituted for the national code, should be stated and kept in mind. The substitution was carried by 52 ayes against 18 nays. A two-thirds majority of seventy persons thus decided to substitute a code in which a large part of the national code is abrogated, and to insert in the portions retained a modification which, as will presently be seen, is of great importance, thereby severing fellowship, by means of representation, of the State society and of county societies with the American Medical Association, as well as with societies in other States.* Those of the medical profession of the State of New York who had no expectation of such changes in the national code, and who were taken by surprise at the action of the State society, seemed to think that, as a matter of course, the action would be reversed at the next annual meeting. But, to complete the history, at the meeting in February, 1883, a motion for a reversal was lost, 99 voting for and 105

* The following is the ninth by-law of the American Medical Association: "No State or local medical society, or other organized institution, shall be entitled to representation in this association that has not adopted the Code of Ethics, or that has intentionally violated or disregarded any article or clause of the same." In accordance with this by-law, the Judicial Council of the association, at the annual meeting in 1882, decided as follows: "Having carefully examined the Code of Ethics adopted by the New York State Medical Society at its annual meeting in February, 1882 (or furnished by the secretary of said society), the Judicial Council find in said code provisions essentially different from and in conflict with the Code of Ethics of this association; and, therefore, in accordance with the provisions of the ninth by-law of the American Medical Association, they unanimously decide that the said New York State Medical Society is not entitled to representation by delegates in this association."

against it. Thus, at the present time, the New York State Society and the affiliated county societies in the State are ostensibly committed to the adoption of the new code. The New York Academy of Medicine, which has no connection with the State society except that it is empowered to send delegates to that body, retains the national code in its by-laws, and the fellows of the academy are therefore bound to it as fully as hitherto. It is not proposed to engage here in a controversial discussion of the reasons assigned for the action of the State society respecting the ethical code, and still less to inquire into personal motives. Some remarks, however, offered in a spirit of courtesy, may not be out of place.

Why more than one half of the national code was left out of the new code has not, so far as the writer knows, been explained. The omitted portion embraces the "duties of physicians to their patients," the "obligations of patients to their physicians," the "duties for the support of professional character," and the "obligations of the public to physicians." Certainly the duties and obligations as specified in the omitted portions of the code can not be objected to. It can do no harm to specify them. They do not occupy so large a space in print that it was advisable to eliminate them in order to curtail the length of the code. The only conceivable explanation of their omission is that they were considered as superfluous. But it may be that they who voted for their elimination judged incorrectly, however naturally, from their own consciousness. A personal sense of rectitude is not always a safe guide in judging of the importance of ethical rules for self-government in others. There are many persons who are not liable to the temptation to steal or commit murder, but no one will probably contend that, for this reason, the commandments relating to these offenses should be dropped from the decalogue.

The important modification in the portion of the national code which is retained in the new code is in this sentence: "Members of the medical society of the State of New York, and of the medical societies in affiliation therewith, may meet in consultation legally qualified practitioners of medicine." Since the discussions to which the substitution of a new code has given rise relate almost exclusively to this sentence, it is fair to conclude that herein is the gist of the matter. The point is that a legal qualification renders consultations permissible. Narrowing further the object of the modification, the practitioners of homœopathy have hitherto been excluded from consultations by an interpretation of the Code of Ethics; they are legally qualified practitioners, and, at the present time, they constitute the great majority of those with whom consultations have been considered as interdicted by the code. The question, therefore, now at issue in the State of New York is simply this: Shall consultations with homœopathic practitioners be permitted? The affirmative answer to this question is based chiefly on two reasons—namely, first, the requirements of humanity; and, second, the legal status of homœopathic practitioners. These reasons are specious but invalid. It is a gratuitous reflection on the National Code of Ethics to imply that it interdicts professional services under any circumstances in which they are required by humanity. It was quite unnecessary to introduce into the new code the following sentence: "Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity." To intimate that this rule of action is in violation of the national code is a monstrous injustice to it and to the medical profession. As regards the legal status of homœopathic practitioners, this has nothing to do with the question at issue. It would be strange indeed if a State Legislature should undertake to

regulate the professional ethics of physicians. This has never been attempted, and it probably never will be. The argument that a legal status affects in any measure the status as regarded from the standpoint of medical ethics seems to the writer too trivial to call for refutation. It will be time enough to consider seriously this argument when fellowship with all classes of practitioners is made compulsory by statute, and this is equivalent to an indefinite postponement.

The true ground for declining professional fellowship with any class of practitioners has been considered in the commentaries on that portion of the national code which relates to consultations. This ground is not a professed belief in the vagaries of Hahnemann, or in any other dogmas. It is the adoption of the names homœopathic, eclectic, botanic, etc., as a trade-mark; the formation of a sectarian school of practice, announced to the public as such, and the endeavor, in divers ways, to bring the regular medical profession into popular disrepute. The physicians who became the early disciples of Hahnemann were not driven out of the ranks of the profession; they made haste to go out of their own accord, and to announce to the public their secession. Then, as now, it suited their ends not to be regarded as simply practitioners of medicine. Then, and ever since, they have sought for popular patronage as a sect detached from the regular profession. Their success in obtaining practice is due to the belief entertained by their patrons that they have had sagacity and independence enough to break away from antiquated doctrines and traditional rules of therapeutics, supplanting these by the great discoveries of the founder of the sect. Under these circumstances, can members of the medical profession, imbued with a proper sense of professional honor, do any act which involves affiliation with homœopathic practitioners? The

clause in the new code which sanctions consultations with them is a concession of honor, and a concession which has been publicly treated by them with scorn. Moreover, the concession implies a confession of error in the past; for, if the recent action of the State Medical Society be right, the medical profession has been in the wrong for the past thirty-six years!

The action which substituted a new code for our time-honored National Code of Ethics has brought upon the profession of the State of New York a great disaster. It has substituted for harmony, dissension, with all the evils flowing therefrom—evils affecting not only the profession, but communities. Has this result been sufficiently considered? Granting honesty of purpose to those who originated and who have carried on with persistent efforts the movement against the national code, is it not the part of wisdom to pause and reflect upon these evils? Should not a measure fraught with such consequences command, to say the least, a large majority in its favor? Would it not be becoming in the ardent advocates of the measure to recognize the propriety of some approach to unanimity of opinion, and for this end be content to await the result of a fuller discussion and a longer period of deliberation? Finally, if the national code need revision, it is desirable that whatever changes are made should be uniform throughout the country, not differing in the different States of the Union. Therefore, in closing these remarks, the writer earnestly appeals to those who advocate the new code, and to those who are in favor of no code, to join hands with those who uphold the national code in submitting all questions concerning professional ethics to the American Medical Association, and to abide by the decisions of that body.

THE END.

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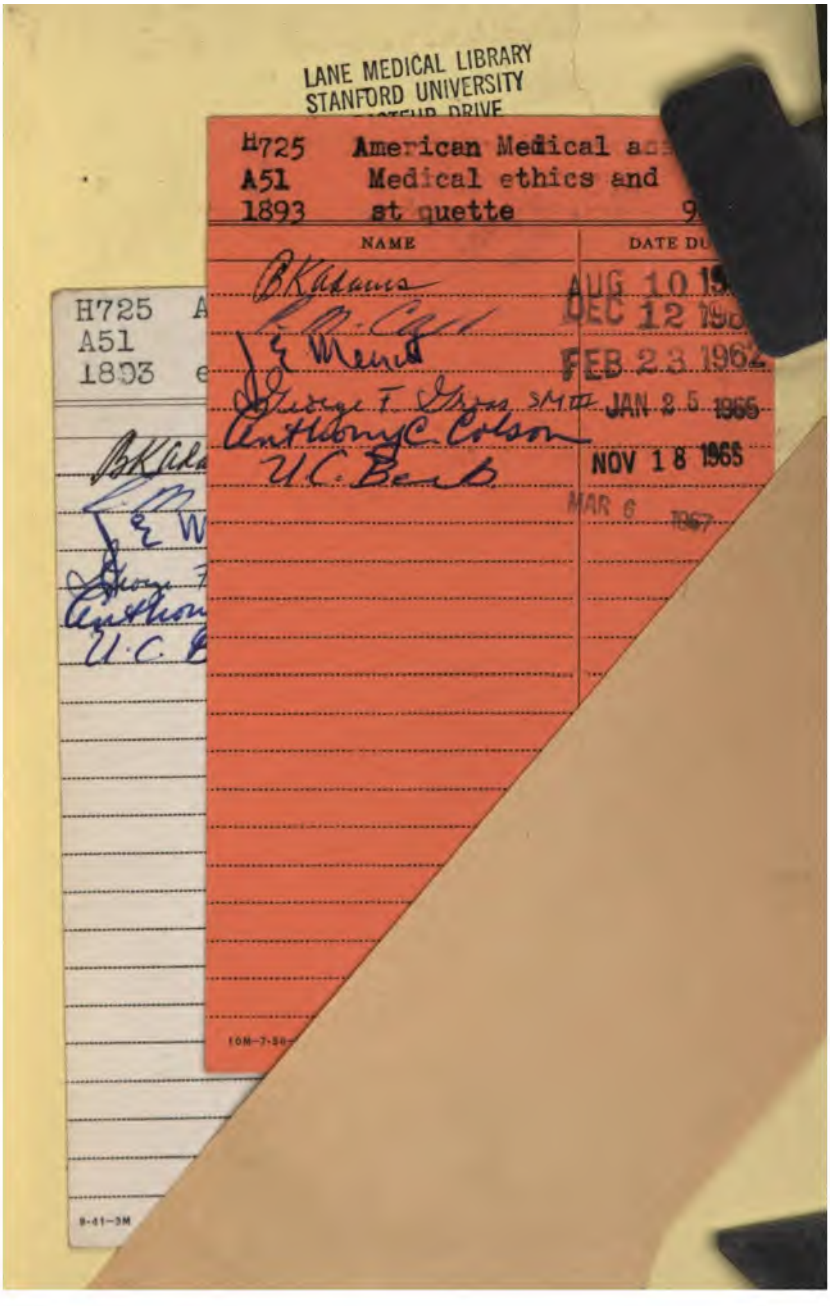
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